FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # K56862 /ESTMENT DEVELOPMENT (` '			
Principal Plac	e of Business	Mailing Address			
1100 LINTON	BLVD.	1100 LINTON BLVD.			
SUITE C4 SUITE C4		SUITE C4		DO MOT MIDITE MATERIA	45.05
DELRAY BEAR	CH FL 33444	DELRAY BEACH FL 33444		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Principal Place of Business 2a.		2a. Mailing Address		01/10/1989 4. FEI Number	Applied For
21		26 (000 Mai	rtpt St	65-0228183	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	- NC-1 - O'		\$8.75 Additional
22		27 Blaa		5. Certificate of Status Desired	Fee Required
City & State		City & State	1111 - 4.	6. Election Campaign Financing	\$5.00 May Be
23		28 10 1511	AIN IVTI	Trust Fund Contribution	Added to Fees
Zip 24	Country	71p	Country	8. This corporation owes or has paid the cur	- · - · I
24 j	25 9. Name and Address of Current		90	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
rt.	CORPORATION		81 Name	10. Name and Place of their Hegisteries	- Agont
1200 S. PINE ISLAND ROAD			00 00 11	(0.0.0)	
PLANTATION FL 33324			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
,			63		
			84 City		85 Zip Code
				FL	. .
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	in tallilla with and accept the obligati	ons or, section dor.osos, non	ua Statules.		
	Signature, typed or printed name of registered agent	TO THE OWNER OF THE OWNER O	Flegislared Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD WALCH MICHAEL	☐ DELETE	1.1 TITLE		Change Addition
NAME STORET ADDRESS	WALSH, MICHAEL 1100 LINTON BLVD., SUITE C-4	1	1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	QELRAY BEACH FL 33444		1.3 STREET ADDRESS		
TITLE	TD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	BERGER, ANDREW		2.2 NAME		comingo
STREET ADDRESS	1100 LINTON BLVD., SUITE C-4	,	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		2. 4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
KAME	WALSH, MARK		3.2 NAME		
STREET ADDRESS	1100 LINTON BLVD., SUITE C-4	ŀ	3.9 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELRAY BEACH FL 33444 S	DELETE	3.4. CITY - S1 - ZIP		Change Laddi:
NAME	CRITCHFIELD, RICHARD	ניין מרלדונ	4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS	1100 LINTON BLVD., SUITE C-4	,	4.2 NAME 4.3 STREET ADDRESS		Į
CITY - ST - ZIP	DELRAY BEACH FL 33444	•	4.4 CITY - ST- ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attacturent with an address

FILED

May 01 1998 8:00am

Secretary of State