


FILED

Sep 03 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		
<b>DOCUMENT # K58545 (0)</b>				
<b>1. Corporation Name</b> <b>TAMIAMI DEVELOPMENT CORPORATION</b>				
<b>Principal Place of Business</b> 1800 NE 114 ST #2305 NORTH MIAMI FL 33181		<b>Mailing Address</b> 1800 NE 114 ST #2305 NORTH MIAMI FL 33181		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		
<b>9. Name and Address of Current Registered Agent</b>				
MANDEL, SOL CYE 1800 NE 114TH STREET SUITE 2305 NORTH MIAMI FL 33181			81	Name
			82	Street Address
			83	
			84	City
<b>11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.</b>				
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>				
<b>12. OFFICERS AND DIRECTORS</b>				
TITLE		13.		
NAME		1.1 TITLE		
STREET ADDRESS		1.2 NAME		
CITY-ST-ZIP		1.3 STREET ADDRESS		
TITLE		1.4 CITY-ST-ZIP		
NAME		2.1 TITLE		
STREET ADDRESS		2.2 NAME		
CITY-ST-ZIP		2.3 STREET ADDRESS		
TITLE		2.4 CITY-ST-ZIP		
NAME		3.1 TITLE		
STREET ADDRESS		3.2 NAME		
CITY-ST-ZIP		3.3 STREET ADDRESS		
TITLE		3.4 CITY-ST-ZIP		
NAME		4.1 TITLE		
STREET ADDRESS		4.2 NAME		
CITY-ST-ZIP		4.3 STREET ADDRESS		
TITLE		4.4 CITY-ST-ZIP		
NAME		5.1 TITLE		
STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS		
TITLE		5.4 CITY-ST-ZIP		
NAME		6.1 TITLE		
STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP		6.3 STREET ADDRESS		
TITLE		6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

<b>3. Date Incorporated or Qualified</b> <b>01/13/1989</b>	
<b>4. FEI Number</b> <b>65-0107019</b>	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>10. Name and Address of New Registered Agent</b>	

Address (P.O. Box Number is Not Acceptable)

**FL**
**85**
Zip Code

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDEL, SOL CYE	1.2 NAME	
STREET ADDRESS	1800 NE 114TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISTO, JOHN J.	2.2 NAME	
STREET ADDRESS	38 OCEAN BAY CLUB DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. J. Cap... [illegible] ENDRINA MADEL PAGES 8/25/98 305-893-5818

CR2E034 (5/08)