

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

FILED

Apr 14 1997 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                           |
|------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **K70349**

(1)

1. Corporation Name

**RAVENSDALE DEVELOPMENT, INC.**



|                                                                                  |                                                                           |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>335 STARLING ROAD<br/>WINTER PARK FL 32789</b> | Mailing Address<br><b>335 STARLING ROAD<br/>WINTER PARK FL 32789-3549</b> |
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business<br>21 <b>703 GREENS AVE.</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                              |  | 2a. Mailing Address<br>26 <b>703 GREENS AVE.</b><br>Suite, Apt. #, etc.                   |  | 3. Date Incorporated or Qualified<br><b>03/08/1989</b>                                                                                                         | 3a. Date of Last Report<br><b>05/01/1996</b> |
| 22 City & State<br>23 <b>WINTER PARK, FLORIDA</b><br>Zip Country<br>24 <b>32789 U.S.A.</b>                                                                                                                                                                                                                                                                                                                                                                      |  | 27 City & State<br>28 <b>WINTER PARK FLORIDA</b><br>Zip Country<br>29 <b>32789 U.S.A.</b> |  | 4. FEI Number<br><b>59-2939232</b>                                                                                                                             | Applied For<br>Not Applicable                |
| 9. Name and Address of Current Registered Agent<br><b>DULIN, RAMSEY W.<br/>201 E. PINE STREET<br/>SUITE 1402<br/>ORLANDO FL 32801</b>                                                                                                                                                                                                                                                                                                                           |  |                                                                                           |  | 10. Name and Address of New Registered Agent                                                                                                                   |                                              |
| 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. |  |                                                                                           |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                                    |                                                                         |                                                                    |                                                                   |
|----------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                         |                                                                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PSD<br/>MOORE, SCOTT V.<br/>335 STARLING ROAD<br/>WINTER PARK FL</b> | 1. TITLE<br>2. NAME<br>3. STREET ADDRESS<br>4. CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 5. TITLE<br>6. NAME<br>7. STREET ADDRESS<br>8. CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 9. TITLE<br>10. NAME<br>11. STREET ADDRESS<br>12. CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 13. TITLE<br>14. NAME<br>15. STREET ADDRESS<br>16. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 17. TITLE<br>18. NAME<br>19. STREET ADDRESS<br>20. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 21. TITLE<br>22. NAME<br>23. STREET ADDRESS<br>24. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 25. TITLE<br>26. NAME<br>27. STREET ADDRESS<br>28. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 29. TITLE<br>30. NAME<br>31. STREET ADDRESS<br>32. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 33. TITLE<br>34. NAME<br>35. STREET ADDRESS<br>36. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 37. TITLE<br>38. NAME<br>39. STREET ADDRESS<br>40. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 41. TITLE<br>42. NAME<br>43. STREET ADDRESS<br>44. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 45. TITLE<br>46. NAME<br>47. STREET ADDRESS<br>48. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 49. TITLE<br>50. NAME<br>51. STREET ADDRESS<br>52. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 53. TITLE<br>54. NAME<br>55. STREET ADDRESS<br>56. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 57. TITLE<br>58. NAME<br>59. STREET ADDRESS<br>60. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         | 61. TITLE<br>62. NAME<br>63. STREET ADDRESS<br>64. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 14. I do 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: <b>SCOTT MOORE</b><br>4/7/97 407 647-1213 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|

SIGNATURE:

**SCOTT MOORE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

Date

407 647-1213

Daytime Phone #