

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L03681** (8)

1. Corporation Name

CHANG'S DEVELOPMENT INC.



Principal Place of Business

Mailing Address

**C/O TIM C. CHANG
PO BOX 4671
OCALA FL 32678**

**C/O TIM C. CHANG
PO BOX 4671
OCALA FL 32678**

3. Date Incorporated or Qualified
07/20/1989

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2960185

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHANG, TIM C.
3230 S.E. 31ST STREET
PO BOX 4671
OCALA FL 32678**

81 Name

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

83

84 City

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 officer, director, or other authorized person

Printed Registered Agent signature and date of filing

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CHANG, TIM C.**
STREET ADDRESS **3230 SE 31ST STREET**
CITY-STATE-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE ☐ Change ☐ Addition

12. NAME ☐ Change ☐ Addition

13. STREET ADDRESS ☐ Change ☐ Addition

14. CITY-STATE-ZIP ☐ Change ☐ Addition

2. TITLE ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. STREET ADDRESS ☐ Change ☐ Addition

24. CITY-STATE-ZIP ☐ Change ☐ Addition

3. TITLE ☐ Change ☐ Addition

32. NAME ☐ Change ☐ Addition

33. STREET ADDRESS ☐ Change ☐ Addition

34. CITY-STATE-ZIP ☐ Change ☐ Addition

4. TITLE ☐ Change ☐ Addition

42. NAME ☐ Change ☐ Addition

43. STREET ADDRESS ☐ Change ☐ Addition

44. CITY-STATE-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

52. NAME ☐ Change ☐ Addition

53. STREET ADDRESS ☐ Change ☐ Addition

54. CITY-STATE-ZIP ☐ Change ☐ Addition

6. TITLE ☐ Change ☐ Addition

62. NAME ☐ Change ☐ Addition

63. STREET ADDRESS ☐ Change ☐ Addition

64. CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

352-694-2630

DATE

DISPATCH #

CR2E034 (12/95)