

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L12560 (3)**  
1. Corporation Name  
**ESTORIL DEVELOPMENT CORPORATION, INC.**



Principal Place of Business      Mailing Address  
**% JACQUES L.I. DE BRUIJN**  
**472 FIRST ST. WEST**  
**TIERRA VERDE FL 33715**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
	Country		Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<b>08/30/1989</b>		<b>05/01/1995</b>
4.	FBI Number		Applied For
	<b>59-2965880</b>		Not Applicable
5.	Certificate of Status Desired		<b>\$8.75 Additional Fee Required</b>
	<input type="checkbox"/>		
6.	Election Campaign Financing Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>
	<input type="checkbox"/>		
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent  
**DE BRUIJN, JACQUES L.I. ~~was~~**  
**472 FIRST ST. WEST**  
**TIERRA VERDE FL 33715**

10. Name and Address of New Registered Agent  
81 Name **WARREN J. KHALIST**  
82 Street Address (P.O. Box Number is Not Acceptable) **2730 CENTRAL AVE**  
83  
84 City **ST PETERSBURG** FL 85 Zip Code **33712**

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 *WARREN J. KHALIST* **WARREN J. KHALIST** **8/30/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PDS</b>	<input type="checkbox"/> DELETE
NAME	<b>DE BRUIJN, JACQUES L.I.</b>	
STREET ADDRESS	<b>472 FIRST ST. WEST</b>	
CITY-ST-ZIP	<b>TIERRA VERDE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PAY, WILL</b>	
STREET ADDRESS	<b>472 FIRST STREET WEST</b>	
CITY-ST-ZIP	<b>TIERRA VERDE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOON, MARIO</b>	
STREET ADDRESS	<b>472 FIRST STREET WEST</b>	
CITY-ST-ZIP	<b>TIERRA VERDE FL</b>	
TITLE	<b>JOE DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>JOE DE BRUIJN</b>	
STREET ADDRESS	<b>472 1ST STR W.</b>	
CITY-ST-ZIP	<b>TIERRA VERDE FL 33715</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PDS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP	<b>TIERRA VERDE</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP	<b>TIERRA VERDE</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP	<b>300001865663</b>	
	<b>-06/18/96--01118--032</b>	
	<b>***1522.50</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 of this report or on an attachment with an address.

SIGNATURE: *[Signature]* **04/30/96** **813 084-1538**  
DATE      DAYTIME PHONE #

CR2E034 (12/95)