

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

Reinstatement

APPROVED  
AND  
FILED

96 DEC 26 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L26853** (6)  
1. Corporation Name  
**FIRST NATIONWIDE DEVELOPMENT CORP.**



REINSTATEMENT 96

Principal Place of Business Mailing Address  
6585 DILLMAN ROAD EXTENSION 6585 DILLMAN ROAD EXTENSION  
P.O. BOX 15255 P.O. BOX 15255  
WEST PALM BEACH FL 33416 WEST PALM BEACH FL 33416

3. Date Incorporated or Qualified 10/31/1989 3a. Date of Last Report 08/03/1995

2. Principal Place of Business 21 500 Australian Ave Suite, Apt., etc. 22 Suite 110 Box 134 City & State 23 West Palm Beach FL Zip 24 33401 Country 25 USA	2a. Mailing Address 26 500 Australian Ave Suite, Apt., etc. 27 Suite 110 Box 134 City & State 28 West Palm Beach FL Zip 29 33401 Country 30 USA	4. FEI Number 65-0159994 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUDE, HARALD  
6585 DILLMAN ROAD EXTENSION  
P.O. BOX 15255  
WEST PALM BEACH FL 33416

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
500 Australian Ave  
83 Suite 110  
84 City  
West Palm Beach FL 85 Zip Code  
33401

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DUDE, HARALD	
STREET ADDRESS	6585 DILLMAN RD. EXT.	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500 Australian Ave Suite 110
1.4 CITY - ST - ZIP	West Palm Beach, FL 33401
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	500002044075
3.4 CITY - ST - ZIP	-01/03/97--01110--007 ***1151.25 ***383.75
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 unchanged, or on an attachment with an address.

SIGNATURE:

HARALD DUDE  
Signature and typed or printed name of signing officer or director

1/15/96 407 683-4795  
Date Daytime Phone