

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

90 MAY -1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L29252** (8)

1. Corporation Name
D P DEVELOPMENT CORPORATION

Principal Place of Business
**% N. SANDY KONIGSBERG, ESQ.
9900 W SAMPLE RD. SUITE 400
CORAL SPRINGS FL 33065**

Mailing Address
**% N. SANDY KONIGSBERG, ESQ.
9900 W SAMPLE RD. SUITE 400
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/09/1989** 3a. Date of Last Report **05/27/1994**

4. FEI Number **65-0188047** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KONIGSBERG, N. SANDY, ESQ.
9900 W SAMPLE RD
SUITE 400
CORAL SPRINGS FL 33065**

81 Name
82 Street Address (P.O. Box Numbers 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 of Current Registered Agent or Registered Agent and the Corporation)

(Signature of Registered Agent Corporation Requested Agent's Signature)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **YOUNG, PETER**
STREET ADDRESS **390 NE 156 ST**
CITY, ST, ZIP **MIAMI FL**
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE **PD** ☐ Change ☒ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE **VS** ☐ Change ☒ Addition
6. NAME **DONALD NETTLES**
7. STREET ADDRESS **1315 Redman**
8. CITY, ST, ZIP **HOLLYWOOD, FL 33019**
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this 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 (change) or on an addition with no additions.

SIGNATURE:

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Peter L. Young
Peter L. Young

Date

(305) 945-0914
Telephone Number