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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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IAACT	ve oaks development	CORPORATION					
Principal Place	of Business	Mailing Address					
-5030 TAMA		PO BOX 8807 NAPLES FL 33941					
<del>-U6</del>		U\$		3. Date Incorporated or Qua	lified 3a. D	ate of Last Re	eport
				07/24/1990		05/01/1	995
	ce of Business	2a. Maiting Address		4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For
	QUEENS WAY	26		65-0211548			Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desir	ed 📋		Additional Required
City & State		City & State		Election Campaign Finance     Trust Fund Contribution	cing		May Be
3396		Ζip	Country	8. This corporation has liabil		e tax under s	
2210	9. Name and Address of Curren	29	30		Yes No		
	9. Name and Address of Curren	it negistered Agent	81 Name	10. Name and Address of I	New Hegistere	ea Agent	
	JR G. DAVIS			ddress (P.O. Box Number is Not Acc	ceptable)		······································
	QUEENS WAY IS FL 33962		83				
			<b>84</b> City			85 Zq	p Code
or registere	o the provisions of Sections 607,0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	da. Such change was authoriz	ed by the corporation's b	poard of directors. I hereby accept the	e appointment	as registered	l agent. I am
	Signative, types or printed name of registraen agent.	and tille it applicable (No	Tt. Registered Agent signature re-	quired wher: reinstating)	DATE		
	Signatine, typed or printed name of registeren ager I OF FICERS AND	D DIRECTORS	OTE. Registered Agent signature rec	quired wher reinstating) ADDITIONS/CHANGES TO			DRS IN 12
12. 11.E	OFFICERS AND PTS						DRS IN 12
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certing that the information infocated 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 direction of 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 or an attachment with an address.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1+26-96

801-655- 0376 Daytime Phone #

CR2E034 (12/95)