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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:20

DOCUMENT # M90544 (1)

1. Corporation Name
DEVELOPMENT RESOURCES UNLIMITED, INC.

Principal Place of Business
1004 S.W. 7TH STREET
FT. LAUDERDALE FL 33315-1171
US

Mailing Address
1004 S.W. 7TH STREET
FT. LAUDERDALE FL 33315-1171
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/16/1988
3a. Date of Last Report: 01/26/1994
4. FEI Number: 65-0066211 ☐ 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 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent
SAFRANEK, THOMAS W.
1000 RIVER REACH DR #504
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent
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 ___ NOTE: Registered Agent signature required when reinstating ___ DATE ___

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SAFRANEK, THOMAS W.
STREET ADDRESS	1004 SW 7 TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	SAFRANEK, THOMAS W.
STREET ADDRESS	1004 S.W. 7TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	SAFRANEK, DOROTHY
STREET ADDRESS	42 PEQUOT LANE
CITY-ST-ZIP	EASTESLIP NY
TITLE	D
NAME	SAFRANEK, LUKAS
STREET ADDRESS	42 PEQUOT LANE
CITY-ST-ZIP	EASTESLIP NY
TITLE	D
NAME	SAFRANEK, PHILIP
STREET ADDRESS	42 PEQUOT LANE
CITY-ST-ZIP	EASTESLIP NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE: Thomas Safranek 2/15/95 (305) 764-0992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0223738 CP