**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

95 MAY -1 PM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M94662** **(7)**

1. Corporation Name
**DEVELOPMENT PARTNERS GROUP, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1521 FOREST HILL BLVD #3~~<br>WEST PALM BEACH FL 33406 | ~~1521 FOREST HILL BLVD #3~~<br>WEST PALM BEACH FL 33406 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/15/1988
3a. Date of Last Report: 04/20/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1497 Forest Hill Blvd. | 26 1497 Forest Hill Blvd. |
| Suite, Apt. #, etc.<br>22 Suite G | Suite, Apt. #, etc.<br>27 Suite G |
| City & State<br>23 West Palm Beach, FL | City & State<br>28 West Palm Beach, FL |
| Zip / Country<br>24 33406 / 25 USA | Zip / Country<br>29 33406 / 30 USA |

4. FEI Number: 65-0069321 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CARP, MICHAEL T.<br>~~1521 FOREST HILL BLVD #3~~<br>W PALM BEACH FL 33406 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable): 1497 Forest Hill Blvd.<br>83 Suite G<br>84 City: West Palm Beach FL 85 Zip Code: 33406 |

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 _____ DATE 4/20/95
Signature, typed or printed name of registered agent and date of execution (NOTE: Registered Agent signature required when executing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☒ Change ☐ Addition |
| NAME | CARP, MICHAEL T | 12 NAME | |
| STREET ADDRESS | 1521 FOREST HILL BLVD 3 | 13 STREET ADDRESS | 1497 Forest Hill Blvd. Suite G |
| CITY-ST-ZIP | WEST PALM BEACH FL | 14 CITY-ST-ZIP | West Palm Beach, FL 33406 |
| TITLE | STD | 21 TITLE | ☒ Change ☐ Addition |
| NAME | KENNEDY, THOMAS | 22 NAME | |
| STREET ADDRESS | 1521 FOREST HILL BLVD #3 | 23 STREET ADDRESS | 1497 Forest Hill Blvd. Suite G |
| CITY-ST-ZIP | W PALM BEACH FL | 24 CITY-ST-ZIP | West Palm Beach, FL 33406 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(i), 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 above, or on an attachment with an address.

**SIGNATURE:** _____ 4/20/95 407-434-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248733 CP