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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # N32378 1. Corporation Name <i>Total Community Development, Inc.</i> | |

| | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business <i>426 Bayberry Drive Lake Park, Fl. 33403</i> | Mailing Address <i>426 Bayberry Drive Lake Park, Fl. 33403</i> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

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|----------------------------------------------------------------|-----------------------------------------------------|
| 2. Principal Place of Business 21 <i>426 Bayberry Drive</i> | 2a. Mailing Address 26 <i>426 Bayberry Drive</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State <i>Lake Park, Fl</i> | 27 City & State <i>Lake Park, Fl.</i> |
| 23 Zip <i>33403</i> | 28 Zip <i>33403</i> |
| Country <i>P.Rch</i> | Country <i>P.Rch</i> |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified <i>MAY 18 1987</i> | 3a. Date of Last Report <i>Dec 31, 1996</i> |
| 4. FEI Number <i>65-0110860</i> | Applied For <input type="checkbox"/> 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 type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent <i>Hellinger, Andrew B. 200 S. Broadway Blvd. Suite 205 Miami, Fl. 33131</i> | |
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| | |
|----------------------------------------------|------------------------------------------------------------------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name <i>MAE W. Siders</i> | 82 Street Address (P.O. Box Number is Not Acceptable) <i>426 Bayberry Drive</i> |
| 83 City <i>Lake Park</i> | 84 FL 85 Zip Code <i>33403</i> |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Mae W. Siders* President *9/8/97*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------------------------------------------------|
| TITLE DT | NAME <i>Quevedo, Consuelo</i> <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | <i>12850 State Rd. 84</i> |
| CITY-ST-ZIP | <i>Fl. Gaudinville, Fl. 33324</i> |
| TITLE DT | NAME <i>Candela, Hilary</i> <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | <i>800 Douglas Entrance</i> |
| CITY-ST-ZIP | <i>Carol Kehler, Fl. 33145</i> |
| TITLE DT | NAME <i>Fernandez, Jesus</i> <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | <i>9431 Pine Lake Place Sk 104</i> |
| CITY-ST-ZIP | <i>Fl. Banderdale Fl. 33124</i> |
| TITLE DT | NAME <i>Bardon, John F.</i> <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | <i>6190 N. W. 11th St</i> |
| CITY-ST-ZIP | <i>Sunrise, Fl.</i> |
| TITLE | NAME <input type="checkbox"/> DELETE |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | NAME <input type="checkbox"/> DELETE |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1.1 TITLE DT | NAME <i>Mae W. Siders</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | <i>President</i> |
| 1.3 STREET ADDRESS | <i>426 Bayberry Drive</i> |
| 1.4 CITY-ST-ZIP | <i>Lake Park, Fl. 33403</i> |
| 2.1 TITLE DT | NAME <i>Vice-President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | <i>Avery Syrone Siders</i> |
| 2.3 STREET ADDRESS | <i>1580-D Forest Lakes Circle</i> |
| 2.4 CITY-ST-ZIP | <i>West Palm Beach, Fl.</i> |
| 3.1 TITLE DT | NAME <i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | <i>Adria Tami Siders</i> |
| 3.3 STREET ADDRESS | <i>426 Bayberry Drive</i> |
| 3.4 CITY-ST-ZIP | <i>Lake Park, Fl. 33403</i> |
| 4.1 TITLE DT | NAME <i>Treasurer</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | <i>Anthony Quinn Siders</i> |
| 4.3 STREET ADDRESS | <i>1600 N. Palmetto Highway</i> |
| 4.4 CITY-ST-ZIP | <i>West Palm Beach, Fl.</i> |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mae W. Siders* 9/8/97 561-844-9351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MAE W. Siders

CR2E037 (9/96)