


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> , Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000005141</b>					
1. Corporation Name <b>PAUL DEVELOPMENT, INC.</b>					

Principal Place of Business 2247 PALM BCH LAKES BLVD STE 225 W PALM BCH FL 33409 US		Mailing Address 2247 PALM BEACH LAKES BLVD STE 201 W PALM BCH FL 33409 US	
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 09

2. Principal Place of Business 21 <u>134 Martin Cir</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>Same</u> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <u>10/03/1996</u>	
22 <u>Royal Palm Beach FL</u> City & State		27 <u>SO</u> City & State		4. FEI Number <u>31-1463682</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 <u>33411</u> Zip		28 <u>Same</u> City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 <u>33411</u> Country		29 <u>Same</u> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>PAUL, RICHARD B</b> <b>134 MARTIN CIRCLE</b> <b>ROYAL PALM BCH FL 33411</b>		10. Name and Address of New Registered Agent 81 Name <u>William D Paul</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>134 Martin Cir</u> 83 <u>FL</u> 84 City <u>Royal Palm Beach</u> 85 Zip Code <u>33411</u>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.0503, 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 William D Paul DATE 12/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE NAME <input checked="" type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
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TITLE <input type="checkbox"/> DELETE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with or without power.

SIGNATURE: William D Paul DATE 10/27/99 1-561-796-2573