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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200008184 (3)

CITONY DEVELOPMENT CORPORATION

FILED Jun 10 1997 8:00am Secretary of State



81.15		41.70				{ 1001:1001 (10 101:10 1101:1001:1001:100			
Principal Place		Mailing Address							
MIAMI FL 3313	SCAYNE BLVD., 1500 MIAMI ONTR. 1	201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR. MIAMI FL 33131-4308			MI UNIH.				
(W. I.W. 12 0010	•						T		
						3. Date Incorporated or Qualified 11/23/1992	3a. Date of L 05/01/19		
	ace of Business	2a. Mailing Address				4. FEI Number	Ţ_	Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.			· ······	65-0384649	Not Applicable \$8.75 Additional		
22	w, 6tc.	27				Certificate of Status Desired		ee Required	
City & State	В	City & State				6. Election Campaign Financing		5.00 May Be	
23		28				Trust Fund Contribution		dded to Fees	
Zip	Country	Zip		ountry		8. This corporation has liability for in		der s. 199.032,	
24	[25]	29	30				Yes No		
COR	9. Name and Address of Current PORATION COMPANY OF MIAM			81	Name	10. Name and Address of New Re	jisterea Agent		
	S BISCAYNE BLVD			Ŭ.	1401110	·			
	O MIAMI CENTER		82 Street Ad			ress (P.O. Box Number is Not Acceptab	(c)		
	MI FL 33131			83					
erin w	W 1 5 00 10 1								
•	•			84	City		FL 65	Zip Code	
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	lutes, the	above	e-named corp	poration submits this statement for the p	rnose of chang	ging its registered	
office or re agent. I a	e gistere d agent, or both, in the State m f am iliar with, and accept the obliga	of Florida. Such change wa itions of, Section 607,0505,	as authoriz Florida St	red by	the corporat s.	tion's board of directors. I hereby accep	t the appointme	nt as registered	
SIGNATURE									
	Signature, typod or printed name of registered age-				nt signature requi	ed when fenstaling)	DATE		
12.	OFFICERS AND	DELETE	13	THUE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		
NAME	GRAM, ANTONY	[Detects	ſ	NAME	1			ange [] Additipit	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD.,	1500 MIAMI CNTR.			ADDHESS				
CITY-ST-ZIP	MIAMI FL			CITY-S					
TITLE		DELETE		TILE	1 211		☐ Ch	ange Addition	
NAME		2.		2.2 NAME					
STREET ADDRESS			2.3	STREET	ADDRESS		•	j	
CITY-ST-ZIP			2. 4	CITY-S	5T - 7IP				
TITLE		DELETE	3.1	1ITLE			☐ Ch	ange 🔲 Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T DELETE		CITY-S	ST - ZIP			anan Laddiian	
TITLE NAME		☐ DELETE		TITLE			∐ Ch	ange L Addition	
STREET ADDRESS				NAME	ADDRESS				
CITY-ST-ZIP				CHY-S	1	•			
TALE		DELFTE		HILE	· · · · · · · · · · · · · · · · · · ·		Ch	ange Addition	
NAME		—		NAME	}	45			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			1	CITY-S					
TITLE		☐ DELFTE		TITLE			Ch	ange 🔲 Addition	
NAME			62	NAME	ļ				
STREET ADDRESS			63	STREFT	ADDRESS				
CITY-ST-ZIP				CIIY-S					
14. Ldo hereb	by certily that the information supplies	Ewith Nais tiling does not ou	ality for th	exe or	motion states	in Section 119 07(3)(i) Florida Statutos	 Lowther certify 	that the	

4. To hereby certify that the promise in the supplies with this times does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this angual 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 of director of the congration or the re-either 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 chiphysic, of on an appear with an address.

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