

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morbani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000018310 (1)**

1. Corporation Name

TEQUESTA DEVELOPMENT, INC.



Principal Place of Business

501 BRICKELL KEY DR. #102
% GREGG E. TOLAND
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DR. #102
% GREGG E. TOLAND
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

TOLAND, GREGG E
501 BRICKELL KEY DR.
#102
MIAMI FL 33131

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	State	FL
85	Zip Code	

3. Date Incorporated or Qualified	03/10/1993	3a. Date of Last Report	10/13/1995
4. FEI Number	65-0401458	Applied For	Not Applicable
5. Certificate of Status Desired	<input 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 intangibles tax under s. 193.052, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, Florida Statutes, the above named corporation certifies 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		13.			
NAME	D KERR, KEITH G	11	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	501 BRICKELL KEY DR., #102	12	STREET ADDRESS		
CITY, ST, ZIP	MIAMI FL 33131	13	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	14	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOLAND, GREGG L	15	NAME		
STREET ADDRESS	501 BRICKELL KEY DR., #102	16	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP	MIAMI FL 33131	17	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	18	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWENS, STEPHEN L	19	NAME		
STREET ADDRESS	501 BRICKELL KEY DR., #102	20	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP	MIAMI FL 33131	21	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	22	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, J. MEGAN	23	NAME		
STREET ADDRESS	501 BRICKELL KEY DR., #102	24	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP	MIAMI FL 33131	25	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	O	26	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARBY, BEVERLY C	27	NAME		
STREET ADDRESS	501 BRICKELL KEY DRIVE #102	28	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP	MIAMI FL 33131	29	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		30	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		31	NAME		
STREET ADDRESS		32	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP		33	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		34	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		35	NAME		
STREET ADDRESS		36	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP		37	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		38	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		39	NAME		
STREET ADDRESS		40	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP		41	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		42	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		43	NAME		
STREET ADDRESS		44	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP		45	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		46	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		47	NAME		
STREET ADDRESS		48	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP		49	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		50	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)(b), Florida Statutes. I further certify that the information included 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, or person in possession or control of the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE: *Gregg E. Toland* **Gregg E. Toland**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

CP2E034 (12/95)