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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

P93000034957 (9)

S & R DEVELOPMENT CORPORATION

S & R DEVELOPMENT CONFORMION					
Principal Place o	of Business	Mailing Address		i idatedat tet imme brett dabes totte	2211 24122 Hill Sidik (616) 2111 1221 1421
9673 SUNNY I	SLE CIR	9673 SUNNY ISLE CIR			
BOCA RATON	FL 33428	BOCA RATON FL 334	28		
				3. Date incorporated or Qualified 05/14/1993	3a. Date of Last Report 04/28/1995
2. Principal Plac		2a. Mailing Address		4. FEI Numiber	Applied For
21 15891	6 Mellen Lane		cellen lane	65-0409362	Not Applicable \$8.75 Additional
Suite, Apl. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	Fee Required
22		[27]		6. Election Campaign Financing	\$5.00 May Be
City & State	LOT CLASS No.	Oty & State 28 70014e5	Florida	Trust Fund Contribution	Added to Fees
23 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ter florida	158 2001 tec	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24 334	⊃ 8 25 CCCITILITY	29 33478	30	Florida Statutes 🔲 Yes	□No
<u> </u>	9 Name and Address of Current			10. Name and Address of New F	Registered Agent
9673 SU	ra, ronald Inny Isle Cir Aton Fl 33428		83 IZ 8 9 C	ress (P.O. Box Number is Not Acceptate Mellen Lan	5001d 101 102 103 104 105 105 106 106 106 106 106 106 106 106 106 106
			84 City	79610	FL ใช้ไล้เล็จขึ้ว8
44 Dura post to	the provisions of Sections 607 0502	and 607 1508. Florida Statu		ration submits this statement for the pured of directors. Thereby accept the app	rease of changing its registered office
				ration sciolnits this statement for the point of directors. I hereby accept the app	nointment as registered agent. I am
familiar with	h, and accept the obligations of, Section	n bur.0505, nonda Statute		1184	4-11-94
SIGNATURE	Ropald Altan Surature, typed or printed name of registered agent a	end title if applicable	Ote: Registereo Agent signature requi	CWhite a minet in age	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	Р	DELETE	1 1 TITLE .		Change Addition
NAME	ALTAMURA, RONALD		1.2 NAME	1894 meller	1000
STREET ADDRESS	9673 SUNNY ISLES CIRCLE			· · · ·	_
CITY - ST - ZIP	BOCA RATON FL 33428		1.4 CHY - S1 - ZIF	supiter Fl.	33478 ∏Change ☐ Addition
BILE	ST	[] DELETE	2 1 TITLE	•	Change Addition
NAME	PENLAND, SUSAN		2.2 NAME	5001 Nous	١
STREET ADDRESS	9673 SUNNY ISLES CIRCLE	•		5896 meller	33478
0/1Y - ST - ZIP	BOCA RATON FL 33428			Jupiter FI-	Change Addition
TITLE		DELETE	3 1 TITLE		Cliquide Clivadition
NAMI			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C(TY - S1 - 74F		Florer	34 CITY - S1 - ZIF		Change Addition
TIFLE		[] DEFETE	4.1 TILE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STHEET ACURESS		
CITY-S1-ZIP		F"1 DC+E11	4 4 CHY - S1 - ZIP		Change Addition
THE		[] DEFEIF	5 1 TIPLE		
NAME			5.2 NAME		
STREET ADDRESS			5 3 STHEET ADDRESS		
CITY - ST - ZIP		DELETE	5 4 CITY - ST - 7IP 6 1 TITLE		Change Addition
TiTLE		Control	6 2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 City - \$1 - ZiP		
COY-S1-70			■ 64 ULT-51-21*		

14. Ido 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)(k), 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ING OFFICER OR DIRECTOR

4-11-96 407-746-1888