

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000035424 (9)**

1. Corporation Name  
**DEXTER DEVELOPMENT COMPANY**



Principal Place of Business: **303 BALLENSLES DRIVE PALM BEACH GARDENS FL 33418**  
Mailing Address: **303 BALLENSLES DRIVE PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified: **05/14/1993** 3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0417639</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	28		
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**GARY, JOHN W III  
701 U.S. HIGHWAY ONE  
SUITE 402  
NORTH PALM BEACH FL 33408**

**10. Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIDSON, ROY H</b>
STREET ADDRESS	<b>303 BALLENSLES DR</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GARY, JOHN W III</b>
STREET ADDRESS	<b>701 U.S. HIGHWAY ONE</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH FL</b>
TITLE	<b>COB</b> <input type="checkbox"/> DELETE
NAME	<b>BILLS, JOHN C</b>
STREET ADDRESS	<b>3910 RCA BLVD., #1001</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LANDRY, LAWRENCE L</b>
STREET ADDRESS	<b>140 SOUTH DEARBORN</b>
CITY-ST-ZIP	<b>CHICAGO IL 60603</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PALMER, CHARLES L</b>
STREET ADDRESS	<b>111 E. LAS OLAS BLVD.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KRAMER, DOUGLAS</b>
STREET ADDRESS	<b>33 W. MONROE STREET, 19TH FLOOR</b>
CITY-ST-ZIP	<b>CHICAGO IL 60603</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Bills, Louis B. Sr.</b>
1.3 STREET ADDRESS	<b>5405 N. Ocean Dr., Apt. 7D</b>
1.4 CITY-ST-ZIP	<b>Riviera Beach, FL 33404</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ewing, Robert P.</b>
2.3 STREET ADDRESS	<b>8765 W. Higgins Rd., Suite 401</b>
2.4 CITY-ST-ZIP	<b>Chicago, IL 60631</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Hallene, Alan M.</b>
3.3 STREET ADDRESS	<b>2000 52nd Avenue, Suite 2</b>
3.4 CITY-ST-ZIP	<b>Moline, IL 61265</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>McCloskey, Thomas D., Jr.</b>
4.3 STREET ADDRESS	<b>730 East Durant St., Suite 202</b>
4.4 CITY-ST-ZIP	<b>Aspen, CO 81611</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Palmer, Charles L.</b>
5.3 STREET ADDRESS	<b>312 S.E. 17th Street, Suite 300</b>
5.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33316</b>
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 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)(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 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 changed, or on an attachment with an address.

SIGNATURE: Roy H Davidson, Pres **3/27/96** (407) 625-5718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)