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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE

DIVISION OF CORPORATIONS

| DOCUMENT # | P93000062142 | (3) |
|------------------|--------------|-----|
| Corporation Name | | ` ' |

D. R. DEVELOPMENT, INC.

| Principal Place o | of Business | Mailing Address | | | IBIIR AANA ANNA NEAK HAN AHAN NIN CAN |
|-------------------------------|---|--|--|---|---------------------------------------|
| · | NEAPPLE AVE. | 705 EAST 162ND STE SOUTH HOLLAND IL US | | | |
| ONINGOTA TI | . 04200 | 50 | | Date Incorporated or Qualified 09/07/1993 | 3a. Date of Last Report 07/05/1995 |
| 2. Principal Plac | e of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0441457 | Not Applicable |
| Suite Apt. # | , etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | Country | 28 | Country | Trust Fund Contribution | Added to Fees |
| 2(p) | Country 25 | 2ip 29 | 30 | 8. This corporation has liability for in Florida Statutes Yes | Tangole tax driber's 199:032, |
| <u></u> 1 | 9. Name and Address of Curre | | | 10. Name and Address of New Re | gistered Agent |
| | | | 81 Name D | BUT DANKE | |
| | JOHNSON S | | 82 Street Add | ress (P.O. Box Number is Not Acceptable | 9) |
| | TH PINEAPPLE AVE. | | 130/2 | IN IEN MEDICAL | |
| 10TH FLO | | | 83 | | |
| SARASU | TA FL 34236 | | مور 84 City | 44. 14. 44. | 85 Zip Code |
| | | 22 - 1 007 4500 Ft - 1- O-1 | | ration submits this statement for the purp | FL 33 25 SSGS |
| or registere familiar with | d agent, or both, in the State of Fic , and accept the obligations of, Se | rida. Such change was authori | zed by the corporation's boa | ard of directors. I hereby accept the appo | intment as registered agent. I am |
| SIGNATURE . | lg after typed or ported two elot registered ago | art and blivid applicable: (N | OTE Registered Agent signature require | ed when roinstating: | CATE |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | |
| Tufitf | DOOTED BEDT I | DELETE | 1 1 TITLE | | Change Addition |
| NAMt | DOCTER, BERT J | | 1 2 NAME | | |
| STREET ADDRESS | 705 EAST 162ND ST. SOUTH HOLLAND IL 60473 | • | 1.3 STREFT ADDRESS | | |
| CHY-ST-ZIC | D | DELETE | 1.4 CITY-ST-ZIP 2 1 TIBLE | | Change Addition |
| NAM(| RIETVELD, ROBERT R | | 22 NAME | | change reconor |
| STREET ADDRESS | 4117 WYATT CIRCLE | | 2 3 STREET ADDRESS | | |
| CHY-S1-ZiF | SARASOTA FL 34241 | | 2 4 CITY - ST - ZIP | | |
| 116 | | ☐ DELETE | 3 1 TITLE | | Change Addition |
| NAM: | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| Off \$1.70 | | | 3 4 CHTY - ST - ZIP | | |
| T 11 F | | ☐ DELETE | 4. 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREE! ADDRESS | | | 4.3 STREET ADDRESS | | |
| 04Y-81-7-2 | | DELETE | 4.4 CITY - ST - ZIP | | Change Addition |
| Ti*LE | | | 5 1 TITLE | | |
| NAME CHARLET ATTRIBLESS | | | 5.2 NAME 5.3 STREET ADDRESS | | |
| STHEET ADDRESS CITY ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| U.f | | DELETE | 6 1 TITLE | | Change Addition |
| NAME | | _ | 62 NAME | | _ |
| STREET ADORESS | | | 63 STREET ADDRESS | | |
| City - St - ZiP | | | 6 4 CITY-ST-ZIP | | |
| 14. I do hereby | certify that the information supplied | d with this filing is voluntarily fu | rnished and does not qualify | for the exemption stated in Section 119.0 ate and that my signature shall have the | 07(3)(k), Florida Statutes. I further |
| oath; that I | the information indicated on this air am an officer or director of the cor Block 12 or Block 13 if changed, o | poration or the receiver or trust | ee empowered to execute the | are and that my signature snail have the shis report as required by Chapter 607, Fig. | rida Statutes; and that my name |

708 333-3044