

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
MAY - 1 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000074559 (4)**

1. Corporation Name  
**ARBOR DEVELOPMENT, INC.**

Principal Place of Business Mailing Address  
**2640 GATELY DR W STE 402 W PALM BEACH FL 33414**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/27/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0456067** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2b. Mailing Address

21 Suite, Apt. #, etc. 22 **Suite 1302** 27 Suite, Apt. #, etc. 28 **Suite 1302**

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**GINSBERG, VICTOR  
3500 GALT OCEAN DR.  
APT. 1517  
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0507 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 to 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]* DATE **4/28/95**

12. OFFICERS AND DIRECTORS

TITLE D  
NAME **GINSBERG, FRANCES**  
STREET ADDRESS **3500 GALT OCEAN DR., APT. 1517**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE D  
NAME **GINSBERG, VICTOR**  
STREET ADDRESS **3500 GALT OCEAN DR., APT. 1517**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE VD  
NAME **KLINGER, LENNARD J.**  
STREET ADDRESS **1810 BARTLETT CT**  
CITY-ST-ZIP **W PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 140.07(3)(b), 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 of this report, or in an attachment with an address.

SIGNATURE: *[Signature]* **Lennard J. Klinger** DATE **4/28/95** **407-433-1818**