

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000074559 (4)

1. Corporation Name
ARBOR DEVELOPMENT, INC.



Principal Place of Business
2640 GATELY DR W
SUITE 1302
W PALM BEACH FL 33414
US

Mailing Address
2640 GATELY DR W
SUITE 1302
W PALM BEACH FL 33415-7984
US

3. Date Incorporated or Qualified 10/27/1993
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 1750 N. Florida Mango Rd.
Suite, Apt. #, etc.

2a. Mailing Address
26 1750 N. Florida Mango Rd.
Suite, Apt. #, etc.

4. FEI Number 65-0456067
Applied For Not Applicable

22 Suite 402
City & State

27 Suite 402
City & State

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

23 West Palm Beach, Florida
Zip 33409 Country USA

28 West Palm Beach, Florida
Zip 33409 Country USA

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

24 33409 25 USA

29 33409 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBERG, FRANCES	1.2 NAME	
STREET ADDRESS	3500 GALT OCEAN DR., APT. 1517	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33308	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBERG, VICTOR	2.2 NAME	
STREET ADDRESS	3500 GALT OCEAN DR., APT. 1517	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33308	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUGLER, LENNARD J	3.2 NAME	
STREET ADDRESS	1810 BARTLETT CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/97

561-687-3600

CR2E034 (9/96)