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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075312 (7)

FILED
Jan 15 1998 8:00am
Secretary of State

1. Corporation	EVELOPMENT, INC.	3073312 (7)							
noc Di	EVELOTIVIENT, INC.				3 79411881 374 38740 (1614 #861) WALLE BY	 		I IC 1787 (88)	
Principal Plac	e of Business	-{			1.0 1101 1841				
- W KTOSE DE	GISGERED-AGENT-CORPORATION-	4523 SW 64TH AVE							
1461-BRICKELL-AVE-SUITE-700- MIAMI FL 33155									
+OCALA FL 33131-					DO NOT WRITE IN THIS SPACE				
-88					3. Date Incorporated or Qualified				-
2. Principal P	Place of Business	2a. Mailing Address			10/28/1993 4. FEI Number		1 14	oplied For	\dashv
27 Landfair Homes 26					65-0445572			ot Applicable	1
Suite, Ant. #, etc. Suite, Ant. #, etc.					\$8.75 Additional				1
22 776	6 NE 20th Ct.	27			5. Certificate of Status Desired	<u> </u>	Fee R	equired	_[
City & Stat		City & State			6. Election Campalgn Financing			May Be	7
	ala, th	28			Trust Fund Contribution		Added	to Fees	1
Zip ZiD	479 25 USA	Zip	Cou	ntry	8. This corporation owes or has p	_			
24 342	9. Name and Address of Currer	29	30		Personal Property Tax due June 10. Name and Address of New Re			J No.	-
		it negistered Agent		81 Name	10. Name and Address of New Ho	gistered)	Agent		1
	IASE, RONALD S								╛
	23 SW 64TH AVE			82 Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
MIA	AMI FL 33155		ļ	83					1
			ļ						_
				84 City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statul	tes, the at	ove-named corp	oration submits this statement for the		changing in	s registered	1
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607,0505, Fi	authorizeo orida Stat	d by the corporati utes.	oration submits this statement for the ion's board of directors. I hereby acce	pt the app	ointment as	registered	
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,							
	Signature, typed or printed name of registered age			Agent signature require		DATE			15
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR L Change	S IN 12	10/07
TITLE	DPST	FT Derese	1,1 111	l l			Change		4 -
NAME	CHASE, RONALD S 4523 SW 64 AVE		1.2 NA	1					100
STREET ADDRESS	MIAMI FL			REET ADDRESS					TOTAL TI
CITY-ST-ZIP TITLE	DVP	☐ DELETE	2,1 717	Y-ST-ZIP			Change	Addition	년
NAME	CHASE, ELIZABETH		2.2 NA						
STREET ADDRESS	4523 SW 64 AVENUE		1	REET ADDRESS					
CITY-ST-ZIP	MIAMI FL			TY-ST-ZIP					
TITLE		DELETE	3.1 117				Change	Addition	1
NAME			3.2 NA	ME					İ
STREET ADDRESS			3.3 ST	REET ADDRESS					ļ
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP					J
TITLE		☐ DELETE	4.1 ΥΠ	LE			Change	Addition	
NAME			4. 2 N	ME					ľ
STREET ADDRESS			4,3 ST	REET ADDRESS					
CITY-ST-ZIP			_	Y-ST-ZIP				T 1	-
TITLE		L DELETE	5,1 TJT			i	Change	LL Addition	1
NAME			5.2 NA						1
STREET ADDRESS				REET ADDRESS					1
CITY - ST - ZIP		DELETE		Y-ST-ZIP			Change	Addition	-
TITLE		☐ DET#1F	6.1 TiT	į.		'	t Cliange	i''' Waanii0ii	1
NAME									
OTHERT ADDRESS		1	6.2 NA						ļ
STREET ADDRESS CITY-ST-ZIP		,	6.3 ST	REET ADDRESS Y-ST-ZIP					

14. I hereby certify that the information supplied with this fining does not quality for the exemption stated in Section 119.07(5)(f), 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 adolpsia.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Konald S. Chase

1-9-98 300

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