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FILED  
May 12 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 # P93000077335 (6)

1. Corporation Name

FOUNDRY DEVELOPMENT CORPORATION

Principal Place of Business  
6450 E. JR. COLLEGE RD.  
KEY WEST FL 33040

Mailing Address  
PO BOX 5886  
KEY WEST FL 33045-5886



3. Date Incorporated or Qualified

11/08/1993

3a. Date of Last R

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0447847

Applie

Not Appli

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

ALLISON, JOHN R III  
200 S. BISCAYNE BLVD.  
SUITE 3350  
MIAMI FL 33131

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 ☒ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME P  
LONDON, ELAINE A.  
STREET ADDRESS 6450 E. JR. COLLEGE RD.  
CITY-ST-ZIP KEY WEST FL 33040

1.2 NAME PETER RUSMAN  
1.3 STREET ADDRESS 6450 E. JR COLLEGE RD.  
1.4 CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME VP  
NEWLAND, ELIZABETH  
STREET ADDRESS 6450 E. JR. COLLEGE RD.  
CITY-ST-ZIP KEY WEST FL 33040

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME S  
CREATH, JACQUELINE E  
STREET ADDRESS 6450 E. JR. COLLEGE RD.  
CITY-ST-ZIP KEY WEST FL 33040

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
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: *Jacqueline E. Creath*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97 305 296 5601  
Date Daytime Phone #

CR2E034 (9/96)