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CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400003764 (5)

DEVELOPMENT SERVICES CORPORATION Principal Place of Business Mailing Address 550 N. BUMBY AVENUE 550 N. BUMBY AVENUE **STE 145** DO NOT WRITE IN THIS SPACE ORLANDO FL 32803-4927 ORLANDO FL 32803-4927 3. Date Incorporated or Qualified 01/07/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3224303 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PLANK, MONTJE S 550 N. BUMBY AVENUE Street Address (P.O. Box Number is Not Acceptable) **STE 145** 83 ORLANDO FL 32803-4927 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE PLANK, MONTJE S NAME 1.2 NAME CRZE034 550 N. BUMBY AVENUE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32803-4927 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition

CITY - ST - ZIP 14. Thereby certify that the information supplied windicated on this annual report or supplement officer or director of the corporation or the real Block 12 or Block 13 if changed, do on any factors. Mulify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an eved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4.1 TITLE

4. 2 NAME

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5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY - ST - ZIP

4/7/98

1407)898-7005

Change

Addition

Addition

FILED

Apr 14 1998 8:00am

Secretary of State