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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P940 1. Corporation Name HOLCO DEVELOPMENT CORP. P9400007920 (9)

FILED Apr 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				_		-{	40111 14016 10110		
11302 ROUNDELAY RD. 11302 ROUNDELAY RD.			,						
COOPER OIT	Y FL 33026	COOPER CITY FL 3302	COOPER CITY FL 33026						
						DO NOT WRITE IN TH	S SPACE		
						3. Date Incorporated or Qualified 02/01/1994		j	
2. Principal Place of Business 2a. Mailing Add			ess			4. FEI Number	1 17	Applied For	
21	26					65-0484080	├	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22						6. Certificate of Status Desired	Fee F	Required	
	City & State City & State					6. Election Campaign Financing		May Be	
Zip	Country 7:p Cou					Trust Fund Contribution		to Fees	
24	25	29	Cou 30	iiu y		8. This corporation owes or has paid the o		ntangible No	
9, Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
B & C CORPORATE SERVICES, INC.					Name				
201 S BISCAYNE BLVD				B2	Ctroot Addro	no (D.O. Boy Niverbar in Net Assessable)			
SUITE 3000				82	Street Moore	ess (P.O. Box Number is Not Acceptable)			
MI	AMI FL 33131			83					
			-	84	City		. 85 Zip	Code	
				- 1	-	F	L ' ' '		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 3 						oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing ppointment a	its registered s registered	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registe					nt signature required				
12.	PC OFFICERS AN	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS A			
NAME	CUTIED POLICE		1.1 TIT 1.2 NA				Change	☐ Addition	
STREET ADDRESS	11202 DOLINDELAY DD		1		ADORESS			j	
CITY-ST-ZIP	COOPED CITY EI		1.4 CiT						
TITLE	140		2.1 TIT		1 - EIL		☐ Change	Addition	
NAME .	SHEAR, FRANK		2.2 NA	2.2 NAME					
STREET ADDRESS	3 GROVE ISLE DRIVE PH 3		2.3 STREET ADDRESS		ADDRESS			ĺ	
CITY-ST-ZIP	COCONUT GROVE FL		2. 4 CITY-ST-ZIP		T-ZIP				
TITLE		DELETE 3.1		LE			Change	Addition	
HAME	3.2		3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				_	T-ZIP				
TITLE NAME		C) OFFERE	4.1 TITLE				L Change	L Addition i	
STREET ADDRESS			4. 2 NA						
CITY-ST-ZIP			4.3 STREET					ļ	
TITLE		☐ DELETE	5.1 TITLE		- 218		Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 C/T						
TITLE				6.1 TITLE			Change	Addition	
NAME			6.2 NA	ΜE			_	·	
STREET ADDRESS			6.3 STF	EET #	address			-	
CITY-ST-ZIP	artifut that the information a collect		6.4 CIT	Y - \$T	- <u>ZI</u> P				
THE INCIANUA									

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of its true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an elempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

5/8/90 (974)450-3737