

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

FILED  
Feb 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000014394 (8)**

1. Corporation Name  
**ASIAN PACIFIC DEVELOPMENT CORPORATION**

Principal Place of Business  
**2100 N.E. 55TH STREET  
FORT LAUDERDALE FL 33308**

Mailing Address  
**2100 N.E. 55TH STREET  
FORT LAUDERDALE FL 33308-3155**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/21/1994</b>	3a. Date of Last Report <b>08/27/1996</b>
21		26		4. FEI Number <b>65-0467283</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>WILLIAMSON, GEORGE A 1111 SOUTHEAST THIRD AVENUE FORT LAUDERDALE FL 33318</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKER, ALAN S</b>	1.2 NAME	
STREET ADDRESS	<b>3111 STIRLING ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FORT LAUDERDALE FL 33312</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASEY, STANLEY</b>	2.2 NAME	
STREET ADDRESS	<b>1270 AVE. OF THE AMERICAS #291</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY 10020</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARLIN, WILLIAM M</b>	3.2 NAME	
STREET ADDRESS	<b>1952 KIRKBRIDGE CIRCLE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>YAROLEY PA 19067</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NYE, T. AVERY JR</b>	4.2 NAME	
STREET ADDRESS	<b>1291 GLENCREST DR.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HEATHROW FL 32746</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVER, RONALD</b>	5.2 NAME	
STREET ADDRESS	<b>115 N.W. 167TH ST.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NO. MIAMI BEACH FL 33169</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASH, ROBERT O JR.</b>	6.2 NAME	
STREET ADDRESS	<b>2000 S. OCEAN DR. #1202</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	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 #

CR2E034 (9/96)