## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024122 (1)

APPROVED AND FILED

1797 AUG -1 FH 3: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	DEVELOPMENT CORPORAT	TION	•				
Principal Place of Business  106240 OVERSEAS HWY KEY LARGO FL 33037 US  Mailing Address  106240 OVERSEAS HWY KEY LARGO FL 33037 US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 03/25/1994	3a. Date of 05/01/	-
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Applied For
21	<del></del>	26	oto .				Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & Stat	е	City & State		6. Election Campaign Financing		5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zιρ	Countr	ý	8. This corporation owes or has pa	, page 1	<b>—</b> *
24	25 9. Name and Address of Curre	nt Registered Agent	30	<del>,</del>	Personal Property Tax due June 10. Name and Address of New Re		
ST	AHL, DANNY	III negistorea Agent	81	Name	10, Name and Address of New Ne	Gistaled Wilei	k
106240 OVERSEAS HWY KEY LARGO FL 33037			82	82 Street Address (P.O. Box Number is Not Acceptable)		nle)	
			83				
			84	City		FL 85	Zip Code
office or r agent. I a SIGNATURE	registered agont, or both, in the Statum familiar with, and accept the oblig	jations of, Section 607.0505, F	-lorida Statute	os.	poration submits this statement for the pation's board of directors. I hereby acceptions the patients of the p	of the appointm	ent as registered
12,	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12
TITLE	PD PANNY	DELETE 1					hange Addition
NAME	STAHL, DANNY 106240 OVERSEAS HWY		1.2 NAME		3000022	6206	332
STREET ADDRESS	KEY LARGO FL			T ADDRESS	=067.0673 ****16!	970111	4004 **165.00
CITY-ST-ZIP TITLE	STO	DELETE	1.4 C/TY- 2.1 TITLE	ST-ZIP	**************************************		hange Addition
NAME	LIPSITZ, BERNARD D	Defete	2.1 THEE 2.2 NAME			<b>□ </b>	nange
STREET ADDRESS	7300 W CAMINO REAL STE	217		1 ADDRESS	Pesigne 9		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-		` -		
TITLE		☐ DELETE	3.1 TITLE			□ C	hange Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS		•	
CITY-ST ZIP	<u> </u>	DELETE	3.4. CITY-	ST-ZIP		— п	hange Addition
TITLE		☐ DECETE	4.1 TITLE			□ 0	nange E Audition
NAME STREET ADDRESS			4. 2 NAME	T ADDRESS			
City-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE				hange Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST- ZIP			
TITLE		☐ DELETE	6.1 TITLE				hange
NAME			6.2 NAME				1521A,
STREET ADDRESS	$\nu_{i}$			T ADDRESS			$\infty_{I_I}$ ,
CITY ST. 710	ı		E 4 CITY	CT. 710			$\boldsymbol{\mathcal{U}}$

6.4 CITY-51-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 of the receiver or truston 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, of on an attrichment with an address.

3R2E034 (4/97)

07/29/97

Florida Department Of State

Gentleman,

On July 22, I contacted your office and informed you that we did not receive annual report statement. At that time you instructed us sign forms and return. I was also informed that the late filing fee would be waived.

Thank You,

Richard Chinn