FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

	1996	but the state of	Secretary of Sta NOF CORPOR		ONS			
DOCU 1. Corporation	MENT # P940	000027699	(5)					
·	r-raleigh Developm		` '					
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Principal Place		Mailing Address			***************************************		in arris tättä tält täät	
201 N. FRAN SUITE 2100	KLIN ST.		201 N. FRANKLIN ST. Suite 2100					
TAMPA FL 3	3602	TAMPA FL 33602	ı			Date Incorporated or Qualified	100 000 44	
						04/11/1994	3a. Date of L	,495 5/1995
" 1	ace of Business	F—₁ °	2a. Mailing Address			4. FEI Number		Applied For
21 Suite, Apt.	# otc	[26]				59-3239436		Not Applicable
22	n, Cit.	Suite, Apt. #, e	tC.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State)	City & Stale				6. Election Campaign Financing		5.00 May Be
23	·	28				Trust Fund Contribution	L	Added to Fees
Ζ(ρ 24]	Country 25	Zip 29]	Cou	intry		8. This corporation has liability for		der s 199.032,
-71	9. Name and Address of Cu		[30]	Γ		Florida Statutes Yes 10. Name and Address of New F	No Banistared Aner	
		· · · · · · · · · · · · · · · · ·		B1	Name		iogiotorea Ager	
EDWARDS, JOSEPH D				82	Street Ad	dress (P.O. Box Number is Not Acceptat		
201 N. FRANKLIN ST. SUITE 2100								
	TL 33602			83				
(ANII A I	L 33002			84	City		FL 85	Zip Code
familiar wit	th, and accept the obligations of, Styrative typical or preted name of registered	Section 607,0505, Florida Sta	inorized by the catules.	orpo	огацюп ѕ дя	poration submits this statement for the purporation submits this statement for the purporation of directors. I hereby accept the approximation of the purpose of the purpos	ointment as regis	stered agent. I am
12.	T	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		ECTORS IN 12
TITLE NAME	D GLICK, ADAM	☐ DELETE			i	P S P	⊕ Ch	ange 🔲 Addition
STREET ADDRESS	118 W. 57TH ST.		1.2 N/		ADDRÉSS			
City-St-ZiP	NEW YORK NY 10019		1.4 CI					
TILLE		DELETE				17	□ Ch	ange (Addition
NAME			2 2 NA	ME	<i> </i>	borker. Jack 18 W. 576 Street	_	- -
STREET ADDRESS			2351	REETA	ADDRESS /	18 W. 57th Street		
CHY ST-ZIP		DELETE	24 CI 3 1 TI		-ZIP ▲	Jew York, NY 1001		
NAME			3 + 11 32 NA		,	IAS nitchell Skehen J	Ch.	ange 🗹 Addition
STREET ADDRESS					ADDRESS	nitchell, Stephen J. 101 N. Franklin Street	, Stc 2.	100
C-1Y-ST ZiP			3.4 C/			Tampe, Fl 336	62	_
TALE		☐ DELETE	4.131	TLE	V	145	☐ Chi	- LD
NAME COULT I MODECCO			4.2 NA		16	Grady, David		
STREET ADDRESS CITY-ST-ZIP					ADDRESS (Grady, David 5500-103 Attentic SA Raleigt, NC 270	ringo Ro	₹,
THEF		T DELETE	4.4 C() 5. 1 T(- ZIP 1	Raleige, NC 316	704 - CD Ch	ange Addition
NAME		_	5.2 NA					- D Maddool
STREE: ACIDRESS			5.3 ST	REET A	NODRESS			
City - St - Zim			5 4 CH		- ZIP			
Filtf NAM:		DELETE	6 1 TI				☐ Cha	nnge 🔲 Addition
STREET ADDRESS			62 NA		nnocce			
CITY - ST - ZIP			6 4 CIT		DDRESS - 71P			
14. I do hereby	certify that the information supply the information independent on this	ied with this filing is voluntarily	furnished and o	ioes	not qualify	for the exemption stated in Section 119.	07(3)(k), Florida S	Statutes. I further

To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information incleated 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 compration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name approximate the information is supplied with this provided with the information of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

GIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)