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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT  1996		Secretary of State DIVISION OF CORPORATIONS									
DOCUMI	ENT # <b>P940</b> 0	003	37342	(0)							
••	DEVELOPMENT COMPAN	NY, IN	C.								
Principal Place of	Business	Mail	ling Address							(1));	<b>6</b> 3601 1901
- 1939 GATEWAY DR - OUITE 1939 - MELBOURNE FL 32901			<del>- 1333 Gateway Dr.</del> <del>- Suite 1909 -</del> Melbourne Fl. 32901				O Francis	Incorporated or Qualified	Se Date	of Last Report	
MEEDOO!!/AL							<b>—</b> · · · ·	05/18/1994	-	6/22/1995	
2. Principal Place	of Business	2a.	Mailing Address					Number		Applie	
	Hibiscus Blvd.	26	1688 W.	Hibiscu	s Blvd	•		59-3249367			pplicable
Suite. Apt. #, 6		27	Suite, Apt. #, etc.				<b>5.</b> Cert	lificate of Status Desired		\$8.75 Add Fee Requi	
City & State			City & State					tion Campaign Financing		\$5.00 Ma	-
23		28			untry			st Fund Contribution corporation has liability for	_	Added to F	
Zφ	Country	29	Zip	30	anti y		Fior	ida Statutes 🔲 Yes	: 🔲 No		
24	25 g. Name and Address of Curren		ered Agent		I		10. Na	me and Address of New F	Registered A	Agent	
-SUITE-1	<del>ITEWAY DRIVE</del> <del>990 —</del>				82 Street 16	Address	ş(P.O. F ■ <b>H1</b> Ì	Box Number is Not Acceptate is Blvd.	ole)		
MELBOU	JRNE FL 32901				<b>84</b> City				FL	85 Zip Cod	de
OLOULATURE.	the provisions of Sections 607,0502 lagent, or both, in the State of Flori- and accept the obligations of Sect patient typed or proted name of legicles 20 port OFFICERS AN	a disk da	ay pictator	(NCI) E Plagisters	al Agent signature		ngu rematat		DATE FICERS AND	DIRECTORS I	
NAME STREET ADDRESS	EVANS, HUGH JR. -1333 GATEWAY DR., STE.	1000 -		13	name Street address City+ST-Zip	168	8 W.	Hibiscus Blvd	•		N 12 Add tion
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TITLE NAME			T) bereie		PAME						

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14. I do hereby certify that the information supplied with this firing 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 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 coath; that I am an officer or director of the corneration of 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 but an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gayla & Pro G 4