

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.)

FILED  
Jul 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000053402 (1)

1. Corporation Name  
CITADEL DEVELOPMENTS, INC.



Principal Place of Business 7378 W ATLANTIC BLVD SUITE 353 MARGATE FL 33063	Mailing Address 7378 W ATLANTIC BLVD SUITE 353 MARGATE FL 33063
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1844 NW 124 AV Suite, Apt. #, etc. 22 City & State 23 CORAL SPRINGS Zip 24 FL 33071		2a. Mailing Address 25 1844 NW 124 AV Suite, Apt. #, etc. 26 City & State 27 CORAL SPRINGS Zip 28 FL Country 29 BROWARD 30		3. Date Incorporated or Qualified 07/15/1994	3a. Date of Last Report 07/23/1996
				4. FEI Number 65-0617822	Applied For Not Applicable
				5. Certificate of Status Desired \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AVELING, DONALD H  
7378 W ATLANTIC BLVD  
SUITE 353  
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name HORACE A. FONSECA
82 Street Address (P.O. Box Number is Not Acceptable) 1844 NW 124 AV
83
84 City CORAL SPRINGS FL 85 Zip Code 33071

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 [Signature] DATE July 17, 1997  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVELING, DONALD H 7378 W ATLANTIC BLVD SUITE 353 MARGATE FL 33063 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D/S HORACE A FONSECA 1844 NW 124 AV CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R/D HORACE A. FONSECA 1844 NW 124 AV CORAL SPRINGS FL 33071 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	     <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HORACE A. FONSECA 1844 NW 124 AV <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP SCARLETT R. FONSECA 1844 NW 124 AV CORAL SPRINGS FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL 33071 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	     <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	     <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	     <input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE July 17, 1997  
(NOTE: Registered Agent signature required when reinstating)

CR2E034 (4/97)