SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400067851

NAVARRE DEVELOPMENT CORPORATION

FILED Aug 27 1998 8:00am Secretary of State

| Principal Place of Business | | Mailing Address | | | | | |
|-----------------------------|---|---|------------------------------------|---|--|---|------------------------|
| 6921 NAVARRE | | 6921 NAVARRE PKWY | | | | | |
| NAVARRE FL 32566 | | NAVARRE FL 32566 US | | | DO NOT WRITE IN THIS SP ACE | | |
| İ | | υş | | | 3. Date Incorporated or Qualified | INIS SPAC | <u>, c</u> |
| ł | | | | | 09/07/1994 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | <u>-</u> 1 | Applied For |
| 21 | | 26 | | | 59-3277840 | r | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8 | .75 Additional | |
| 22 | | 27 | | | 5. Certificate of Status Desired | F | ee Required |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Country | / | 8. This corporation owes or has paid the | e cu <u>rre</u> nt ye | ar I <u>nta</u> ngible |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | Yes | No |
| | 9. Name and Address of Curren | it Registered Agent | | 1 | 10. Name and Address of New Registe | ered Agent | |
| | WN, PAUL P | | 81 | Name | | | |
| 6921 NAVARRE PARKWAY | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| NAV. | ARRE FL 32566 | | | | | | |
| | | | 83 | 1 | | | |
| | | | 84 | City | | 8 5 | Zip Code |
| | | | | , | | $FL oxedsymbol{ f '} oxedsymbol{ f '} oxedsymbol{ f '}$ | |
| 11. Pursuant | to the provisions of sections 607.050: | 2 and 607.1508, Florida Statu | ites, the above | -named corp | oration submits this statement for the purpose | of changing | its registered |
| oπice or agent. I : | registered agent, or both, in the State am f am iliar with, and accept the obliga | of Florida. Such change was ations of, section 607.0505, I | s autnorizeo bi Florida Statute | / tne corpora: s. | tion's board of directors. I hereby accept the a | ppointment | as registered |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered ager | | | Agent signature re- | quired when reinstating) DA | | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICER | | |
| TITLE | ** • | L DELETE | 1.1 TITLE | | | L Ch | ange Addition |
| NAME | BROWN, PAUL P | | 1.2 NAME | İ | | | |
| STREET ADDRESS | 6921 NAVARRE PARKWAY NAVARRE FL | | | ADDRESS | | | |
| CITY-ST-ZIP | PD PD | | 1.4 CITY-S | T-ZIP | | | |
| TITLE | MOLINARI, MADEO | DELETE | 2.1 TITLE | | | L_ Ch | ange Addition |
| NAME | 8525 GULF BLVD #802 | | 2.2 NAME | | | | |
| STREET ADDRESS | NAVARRE BCH FL | | | T ADDRESS | | | |
| CITY-ST-ZIP | ST ST | | 2.4 CITY-S | T-ZIP | | | |
| TITLE | BROWN, ELIZABETH A | L_J DELETE | 3.1 TITLE | | • | L.J Ch | ange Addition |
| NAME | 6921 NAVARRE PARKWAY | | 3.2 NAME | | | | |
| STREET ADDRESS | NAVARRE FL | | | ADDRESS | | | |
| CITY-ST-ZIP | HAYADDE 15 | ···· | 3.4 CITY-S | T-ZIP | | | |
| TITLE | | L] DELETE | 4.1 TITLE | | | . [] Ch | ange Addition |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | | I ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | —————————————————————————————————————— | · |
| TITLE | | LJ DELETE | 5.1 TITLE | | | LI Ch | ange Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | I ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | |
| TITLE | | DELETE | 6.1 TITLE | | | L Ch | ange L Addition |
| NAME | | | 6.2 NAME | | | | 1 |
| STREET ADDRESS | | | 6.3 STREE | I ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | T-21P | | | İ |

6.4 CITY-ST-ZIP 14. I 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 path; 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.

et. Led Chillien in

a silao