FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:14

DOCUMENT # **P94000074084 (2)**

1. Corporation Name
DEVELOPMENT MANAGEMENT CORP.

Principal Place of Business	Mailing Address
20803 BISCAYNE BLVD. SUITE 200 AVENTURA FL 33180	20803 BISCAYNE BLVD. SUITE 200 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 307 SW 21st Avenue
Suite, Apt. #, etc.
22:
City & State
23: Hollywood, Florida
Zip: 24: 33020
Country: 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29:
Country: 30:

4. FEI Number: 65-0530177 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ... ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KORN, GARY
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 85 Zip Code:

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: _____ DATE:
Signature, typed or printed name of registered agent and the date of acceptance (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DPST~~	11 TITLE	DPT ☒ Change ☐ Addition
NAME	BIRDMAN, HARVEY	12 NAME	Birdman, Harvey
STREET ADDRESS	~~% 20803 BISCAYNE BLVD., STE. 200~~	13 STREET ADDRESS	307 S. 21st Avenue
CITY-ST-ZIP	~~AVENTURA FL 33180~~	14 CITY-ST-ZIP	Hollywood, Florida 33020
TITLE	~~V~~	21 TITLE	V. ☐ Change ☒ Addition
NAME	~~LOUIS Birdman~~	22 NAME	LOUIS BIRDMAN
STREET ADDRESS	~~20803 Biscayne Blvd. #200~~	23 STREET ADDRESS	307 S. 21st Avenue
CITY-ST-ZIP	~~Aventura, FL 33180~~	24 CITY-ST-ZIP	Hollywood, Florida 33020
TITLE	~~V.S~~	31 TITLE	VS ☐ Change ☒ Addition
NAME	~~Diane Birdman~~	32 NAME	DIANE BIRDMAN
STREET ADDRESS	~~20803 Biscayne Blvd. #200~~	33 STREET ADDRESS	307 S. 21st Avenue
CITY-ST-ZIP	~~Aventura, FL 33180~~	34 CITY-ST-ZIP	Hollywood, Florida 33020
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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)(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: X Diane Birdman, S 3/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100031 CP