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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000087662 (0)**

1. Corporation Name
DSA DEVELOPMENT, INC.

Principal Place of Business
~~4501 TAMIAMI TRAIL NORTH, SUITE 318~~
~~NAPLES FL 34103~~

Mailing Address
~~4501 TAMIAMI TRAIL NORTH, SUITE 318~~
~~NAPLES FL 34103-3023~~

3. Date Incorporated or Qualified: 12/02/1994
3a. Date of Last Report: 10/10/1996

2. Principal Place of Business
21: 175 19 st S.W.
22: Suite, Apt. #, etc.
23: City & State: Naples, FL.
24: Zip: 34119 25: Country: U.S.

2a. Mailing Address
26: 6017 Pine Ridge Rd #214
27: Suite, Apt. #, etc.
28: City & State: Naples, FL.
29: Zip: 34119-3456 30: Country: US

4. FEI Number: 65-0548428 ☐ 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
~~LESTER, DONALD~~
~~4501 TAMIAMI TRAIL N~~
~~SUITE 318~~
~~NAPLES FL 34103~~

10. Name and Address of New Registered Agent
81 Name: Frederick R. Hardt, Esquire
82 Street Address (P.O. Box Number is not acceptable): 801 Laurel Oak Drive, Suite 705
83: SunTrust Bldg., Pelican Bay
84 City: Naples FL 85 Zip Code: 34108

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] 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESTER, DONALD 4501 TAMIAMI TRAIL N SUITE 318 NAPLES FL 33940	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D SUSIN DYNGE 4014 S.W. 11th Av. Cape Coral, Fl. 33904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOULE, ARMAND 4006 SE 11TH AVE CAPE CORAL FL 33904	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PRESIDENT ROBERT E SHEVLIN JR 175 19th St. S.W. Naples, Fl. 34117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WICKLIFFE, CHARLES 27056 JARVIS RD. BONITA SPRINGS FL 34135	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D RAYMOND Chester 1701 N.W. 112th Ave Plantation, Fl. 33323	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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] 4-29-97 941353-4420