SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT **FILED** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Jun 25, 1996 08:00 AM **ANNUAL REPORT** Secretary of State **Secretary of State** 1996 DIVISION OF CORPORATIONS **DOCUMENT** # 1. Corporation Name P95000006549 (6) DEVELOPMENT REALTY, INC. Principal Place of Business Mailing Address 6660 BERNWOOD FARMS RD 6660 BERNWOOD FARMS RD NAPLES FL 33999 NAPLES FL 33999 3. Date incorporated or Qualified 3a. Date of Last Report 01/25/1995 Applied For Not Applicable \$8.75 Additional 22 27 Fee Required 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032 29 Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BRUGGER, CAROL R 600 FIFTH AVE S Street Address (P.O. Box Number is Not Acceptable) **SUITE 210** 83 NAPLES FL 33940 84 City 85 Zio 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. Thereby accept the appointment as registered agent. Lam Jamiliar, with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE oldeg for agent and title if applicable (NOTE Registered Agent signature required when reinstaling) CIATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)DELETÉ TITLE 1.1 TITLE Change Addition HARDY, ROBERT P NAME 1.2 NAME CR2E034 6660 BERNWOOD FARMS RD STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33999 CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREFT ADDRESS CITY - ST - ZiP 2 4 CITY - ST-7IP DELETE TITLE 3.1 TiTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST ZIP TITLE DELETE 4.1.1111.8 Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP TITLE DELETE 5.1 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST 2IP 5 4 City - St - Zif TITLE DELETE 61 THE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 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)(k). Florida Statutes I further certify that the information indicated en this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if

an attachment with an address

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Fiorida Statutes, and

CITY-ST-ZIP

SIGNATURE:

further certify that the information indicates made under path, that I am an officer of d

that my name appears in Block