FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

10621 AIRPORT RD N

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

10621 AIRPORT RD N



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500006549 (6)

DEVELOPMENT REALTY, INC.

NAPLES FL	34109	NAPLES FL 34109 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/25/1995				
2. Principal F	Place of Business	2a. Mailing Address				U 1/23/1883 4. FEI Number	Т	JΔF	oplied For	
21	The state of the s	26				65-0551421	ŀ	+	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8	_	Additional	
22		27				5. Certificate of Status Desired			quired	
City & Sta	le	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Coun	itry		8. This corporation owes or has paid the	current ye	ear Int	angible	
24	25	29	30			Personal Property Tax due June 30.	Yes] No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Register	red Agent			
	RUGGER, CAROL R		'	B1	Name					
	O FIFTH AVE S		1	B2	Street A	Address (P.O. Box Number is Not Acceptable)				
	NTE 210		<u> </u>	B3						
N/	NPLES FL 33940		· · · · · ·	53						
 			3	84	City	1	=L 85	Zip (Code	
44 5		0. 10073500 FL ST 003				corporation submits this statement for the purpos		7		
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Statu	by tes	the corp	oration's board of directors. I hereby accept the	appointme	ent as	registered	
SIGNATURE	Signature, typed or printed name of registered ago	nut and title if sonite able (NO	II- Bagisland	Angr	nt Signature F	required when reinstating) DA	re			
12.		D DIRECTORS	13.	rigo	in organica o	ADDITIONS/CHANGES TO OFFICERS		CTOF	S IN 12	
TITLE	D	DELE te	1.1 TiTL	E			CI	nange	☐ Addition	
NAME	HARDY, ROBERT P		1.2 NAM	AE.						
STREET ADDRESS	6660 BERNWOOD FARMS RI	D	1.3 STR	EET.	ADDRESS					
CITY-ST-ZIP	NAPLES FL 33999		1.4 CITY	r-ST	T-ZIP					
TITLE		DELETE	2.1 TITL	.E			Ci	nange	Addition	
NAME			2.2 NAM	Æ	i					
STREET ADDRESS			2.3 STR	EET /	ADDRESS					
CITY-ST-ZIP			2. 4 CIT	Y-5	T-ZIP					
TITLE		DELETE	3.1 TITL	3.1 TITLE		- 11	☐ CI	range	Addition	
NAME			3.2 NAM	Æ						
STREET ADDRESS			3.3 STRI	EET A	ADDRESS					
CITY-ST-ZIP			3.4. CiT	Y-5	T-ZIP					
TITLE		☐ DELETE	4.1 TITL	F			☐ Ct	nange	Addition	
NAME			4. 2 NAM	ME	1					
STREET ADDRESS			4.3 STRI	EET A	ADDRESS					
CITY-ST-ZIP			4.4 City	r-st	r-ZIP					
TITLE		☐ DELETE	5.1 TITL	E			☐ Ch	nange	Addition	
NAME			52 NAM	AE						
STREET ADDRESS			5.3 STRI	EET /	ADDRESS					
CITY-ST-ZIP			5.4 CITY	/- ST	- ZIP					
TITLE		DELETE	6 1 TITL	.E			☐ Cr	ange	☐ Addition	
NAME			6.2 NAM	AE.						
STREET ADDRESS			6.3 STAI	EET #	address					
CITY OF 710			£ # PITY	, er	, ₇₁₀					

FILED Apr 24 1998 8:00am Secretary of State



CR2E034 (10

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 oath; that I am an officer or director of the expectation of 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.