


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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000025252 (4) 1. Corporation Name BALLANTRAE DEVELOPMENT CORP.					
Principal Place of Business 1800 S. AUSTRALIAN AVE., SUITE 400 WEST PALM BEACH FL 33409			Mailing Address 1800 S. AUSTRALIAN AVE., SUITE 400 WEST PALM BEACH FL 33409		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/29/1995 4. FEI Number 22-3366681 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BRANNOCK, G. STEVEN 1800 S. AUSTRALIAN AVE., SUITE 400 WEST PALM BEACH FL 33409				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOVNANIAN, KEVORK S		1.2 NAME		
STREET ADDRESS	362 VIA LINDA		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOVNANIAN, ARA K		2.2 NAME		
STREET ADDRESS	61 WHIPPOWILL VALLEY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC HIGHLANDS NJ		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASON, TIMOTHY P		3.2 NAME		
STREET ADDRESS	22 DEVON DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PISCATAWAY NJ		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCHANAN, PAUL W		4.2 NAME		
STREET ADDRESS	8 BLUEBERRY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LEONARDO NJ		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REINHART, PETER S		5.2 NAME		
STREET ADDRESS	2 BAYHILL ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEONARDO NJ		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHIMPF, JOHN J		6.2 NAME		
STREET ADDRESS	227 PELICAN ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN NJ		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 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:

Karl Reid Hotaling 2/1/98 (561)478-0060

CR2E034 (10/97)