


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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000030730 1. Corporation Name CHADDS FORD DEVELOPMENT COMPANY, INC.		

FILED
APR 29 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 223 Wilmington West Chester Pike Chadds Ford, PA. 19317	Mailing Address 223 Wilmington West Chester Pike Chadds Ford, PA. 19317
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 223 Wilmington West Chester Pike		2a. Mailing Address 215 North Eola Drive		3. Date Incorporated or Qualified 04/19/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 23-2805825	
22. City & State Chadds Ford, PA.		27. City & State Orlando, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 19317		28. Zip 32801		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country US		29. Country US		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JAMES BALLETTA, ESQUIRE 215 North Eola Drive Orlando, Florida 32801		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
85. Zip Code		FL	

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	SPANO, THOMAS V. <input type="checkbox"/> DELETE	1.1 TITLE PST	PHILLIPS, FRANK X. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	223 Wilmington West Chester Pike	1.2 NAME	223 Wilmington West Chester Pike
STREET ADDRESS	Chadds Ford, PA. 19317	1.3 STREET ADDRESS	Chadds Ford, PA. 19317
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE ST	MARRA, NANGY <input checked="" type="checkbox"/> DELETE	2.1 TITLE V	BALLETTA, JAMES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	223 Wilmington West Chester Pike	2.2 NAME	215 North Eola Drive
STREET ADDRESS	Chadds Ford, PA. 19317	2.3 STREET ADDRESS	Orlando, Florida 32801
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE V	BALLETTA, JAMES <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	215 North Eola Drive	3.2 NAME	
STREET ADDRESS	Orlando, Florida 32801	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE V	THOLLANDER, ROBERT E. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	223 Wilmington West Chester Pike	4.2 NAME	
STREET ADDRESS	Chadds Ford, PA. 19317	4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, with all other like empowered

SIGNATURE:  04/27/99 610-558-1500
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR DIRECTOR
FRANK X. PHILLIPS, PRESIDENT