FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| | 1996 DIVISION OF CORPORATIONS | | ONS | | | | | | |
|---|---|--|-----------------------------------|-----------------------|------------------------|--|----------------------------------|---------------------------------------|------------------------------------|
| DOCUI 1. Corporation | MENT # P95 | 5000033885 | (1) | | | | | | |
| NORTH | H BEACH DEVELOPM | ENT GROUP, INC. | | | | | | | |
| | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | Or 10f0 Brit 1891 |
| 11312 ISLAN BOCA RATO | ID LAKES LANE N. F. 23408 | 11312 ISLAND I BOCA RATON F | | | | | | | |
| BOOK HATO | H FE 30430 | DOOR RAIGHT | rL 30430 | | | 3. Date Incorporated or Qualified | 3a. Date | of Last F | Report |
| | | | | | | 05/01/1995 | | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Addres | 3S | | | 4. FEI Number 65-0577700 | | | Applied For |
| Suite, Apt. | #, etc. | | Suite. Apt. #, etc | | | | Not Applicable \$8.75 Additional | | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | • | Required |
| City & State | 9 | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be ad to Fees |
| Zip | Country Z ₅ : 29 | | 30 | Country | | Inis corporation has liability for intangible tax under s 199.032, Florida Statutes | | | |
| [24] | | Current Registered Agent | | T | | 10. Name and Address of New F | | Agent | |
| | | | | 81 | Name | | ** *** - *** - *** | | * |
| SCHULMAN, JUDY | | | | | Street Add | dress (P.O. Box Number is Not Acceptat | ole) | | |
| 11312 ISLAND LAKES LANE BOCA RATON FL 33498 | | | | 83 | | | | | |
| BOOK F | WION IE 30490 | | | 84 | City | | | 85 Z | ip Code |
| | | | | | [| | FL | | · |
| 11. Pursuant to or register | to the provisions of Sections 68 red agent, or both in the State | 07.0502 and 607.1506, Florida of Floridal Such change was a | Statutes, the uthorized by the | above he cog | named corposition's bo | oration submits this statement for the pul ard of directors. I hereby accept the app | rpose of cha ointment as | inging its registere | registered office d agent. I am |
| i | th, and accept the obligations | of, Section 607.0505, Florida S | itatutes | | | | | | |
| SIGNATURE | Signature typed or printed have of help t | | | | "signative tesp. | out where the stating | £At | · · · · · · · · · · · · · · · · · · · | |
| 12. TITLE | OFFICE | ERS AND DIRECTORS | | 13. 1 THLE | | ADDITIONS/CHANGES TO OFF | | DIRECTO | ORS IN 12 Addition |
| NAME | SCHULMAN, JUDY | | | 2 NAME | | | L | Change | Modified |
| STREET ADDRESS | 11312 ISLAND LAKES | LANE | 1 | 3 STREE | I ADDRESS | | | | |
| CITY - ST - ZIP | BOCA RATON FL 334 | | | 4 CiTy - | S1 - 7# | | | | |
| TITLE | | Defe. | 1 E. 2 | 1 TITLE | | | Ĺ | Change | Addition |
| NAME | | | | 2 NAME | | | | | |
| STREET ADORESS | | | | | LADDRESS | | | | |
| CITY - ST - ZIF TITLE | | DELE | | MACHY- BATILLE | | | | Change | Addition |
| NAME | | | | 2 NAME | | | L | -1 Augusta | LJ Addition |
| STREET ADDRESS | | | | | T AUDRESS | | | | |
| CITY ST-ZIF | | | | 3 4 CHY - | | | | | |
| TITLE | | | 4 I T-TLE | | |] | Change | Addition | |
| NAME | | | 4 | 12 NAME | | | | | |
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| TITLE | | DELE | | . 1 TITLE | i | | | Change | ☐ Addition |
| NAME | | | | 2 NAME | i | | | | |
| STREET ADDRESS | | | | | 1 ADDRESS | | | | |
| CITY - ST - ZIP | | F7 nere | | 4 C/TY - | | | г | T Change | □ Addition |
| TITLE | | ☐ DELE | | : 1 TallE : a rang | 1 | | Ļ | Change | Addit on |
| NAME | | | 1 · | 2 NAME | 1 | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3/(k), Florida Statutes. I further certify that the information indicated on this amust report or suppliermental 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 or an attachment with an address.

SIGNATURE:

JUDY SCHITLMANT

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 Daylone Prome N