f		ING FEE /	AFTER MAY 1	IS \$ 2	.00		W.C.		,		
1	PROFIT RPORATION		FLORIDA DEPA	ARTMENT B. Morth	STATE						
ANNU	JAL REPORT		知趣)	lary of Sta							
	1996	Course .	DIVISION OF	CORPO	IONS						
DOCU 1. Corporation	MENT #	P95000	0040366 (3	3)							
DEVE	LOPERS REALT	y services,	INC.				 	4 BB210 BB201 B18	I Caice (#1	. • • • • • • • • • • • • • • • • • •]
Principal Place	of Business		Mailing Address		Ī						
13 BAY TREE DRIVE DESTIN FL 32541			13 BAY TREE DRIVE DESTIN FL 32541								
							3. Date Incorporated or Qualified 05/19/1995	3a. Date o	of Last Re	port	
	ace of Business Pgion Da 3	#62	2a. Mailing Address 26 734 Legis	מנס	Do		4. FEI Number 59 - 3316525	<u></u>		Applied For Not Applicable	le
Suite, Apt.			Suite, Apt. #, etc. 27 #62		<u> </u>		5. Certificate of Status Desired		•	Additional Required	
Oity & State	TIN F		28 Destin	Fi			6. Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees	
24 325	Cour 25 9. Name and Ado	USA	29 32541	30 Co	intry USA	-	This corporation has liability for Florida Statutes Yes Name and Address of New F	Æ No		199.032,	
			segisteren Agent		81 Name	AA	RUN LANZEN	edistatan v	Jent		
	n, aaron d ' tree drive				82 Street	Addres	s (P.O. Box Number is Not Acceptate	(e)			
	FL 32541				83	7	Legion NA H	5 C			
					64 De	26711	,	Fi	85 Zip	Code 254/	
11. Pursuant t	to the provisions of Se	ctions 607.0502 ar	nd 607.1508, Florida Statute Such change was authorize	es the abo	bye-named co	prporati	on submits this statement for the pur of directors. I hereby accept the app		ging its re	egistered office	ce
familiär wit SIGNATURE	th, and accept the	ations of Socien	607.0505, Florida Statutes	· .		1	ACAL LANZEN			2-91	,
12.	algorithm protest na	OFFICERS AND D	Unic rapplication (NO	TE Fregistere	i Agent signature re	w beriups	ser renstating)	DATE			
TILE	D	OFFICERS AND E	DELETE	13. 1 1 ī	F'LE		ADDITIONS/CHANGES TO OFF		Change	Addition	- - - - - - - - - - - - - - - - - - -
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NAME	· —		6.1 T 6.2 Ni					unarge	☐ Addition		
STREET ACCORDS					REET ADDRESS						
CITY - ST-ZIP	r nga anga	<u>.</u> <u></u>		640	Y - S1 - ZIF						_
certify that	the information indica	ted on this annual i	ithis filing is voluntarily furni report or supplemental annu on or the receiver or trusted in attachments with an addre	ual report	true and ac	curate	the exemption stated in Section 119, and that my signature shall have the eport as required by Chapter 607, Fi	same legal et	fect as if	made under	
SIGNAT		//·	ATEO NAME OF SIGNING OFFICE		LA	NZ	EN 2-72-9	6 90 Days	PY 66	49441	-