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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

P95000049791 (3)

|   | DEVELOPMENT CORP.   | Mailing Address   |  | ······································ |  |  |                              |                  |
|---|---|---|--|--|--|--|------------------------------|------------------|
| Principal Place of Business M<br>150 S.W. 12TH AVENUE STE 201<br>POMPANO BEACH FL 33069 |   | 150 S.W. 12TH AV  | 150 S.W. 12TH AVENUE STE 201<br>POMPANO BEACH FL 33069 |  |  |  |                              |                  |
|   |   |   |  |  | 3. Date incorporated or Qualified 06/23/1995   | 3a. Date of L                            | ast Report                   |                  |
| 2. Principal Place of Business  |   | 2a. Mailing Address   | Mailing Address  |  | 4. FEI Number 65-0604282   | Applied For Not Applicable               |                              |                  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                    |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required           |                              |                  |
| 2  <br>City & Stelle  |   | [27]<br>City & State  | City & State   |  | 6. Election Campaign Financing   |  | <u>'</u>                     |                  |
|   |   | 28  | 1  |  | Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees           |                              |                  |
| Ζφ<br><b>4</b>  | Country 25  | Ζφ<br><b>29</b>   | 30   |  |  | Yes WNo                                  |                              |                  |
|   | 9. Name and Address of Current  | Registered Agent  | 81   | Name                                   | 10. Name and Address of New F  | egistered Ager                           | <u> </u>                     |                  |
| RATHRI  | JRN, PATRICIA   |   | L'.  | 1                                      |  | T  |                              |                  |
|   | E. SECOND STREET  |   | 82<br>83   |  | tress (P.O. Box Number is Not Acceptable)  |  |                              |                  |
| FORT L  | AUDERDALE FL 33301  |   |  |  |  |  |                              |                  |
|   |   |   | 84   | City                                   |  | FL 8                                     | 5 Zip Cod                    | ie               |
| or registered<br>familiar with<br>S:GNATURF   | if agent, or both, in the State of Florida, and accept the obligations of, Section 1, page 1, | a Such change was author<br>in 607.0505, Florida Statute<br>কালেটাৰিকাংৰাজি ধ | ized by the corp<br>is.<br>IOTE Begistered Ap          | oration's boa                          |  | OINTRIBUTE AS FEGIS                      | stered agen                  |                  |
| 12.   | OFFICERS AND  | DIRECTORS    DELETE   | 13.  | <sub>T</sub>                           | ADDITIONS/CHANGES TO OFF   | ICERS AND DIR                            |                              | Addition S       |
| TRILE<br>NAME   | MORAN, MICHAEL  |   | 1. 1 TITLE<br>1.2 NAME                                 |  |  | L.,1 67                                  | ange [_]                     | Accidion 3       |
| STREET ADDRESS  | 150 S.W. 12TH AVENUE ST   | E 201   |  | LADORESS                               |  |  |                              | [                |
| C-TY-ST-ZIP   | POMPANO BEACH FL 3306   |   | 14 CiTy -  | S* - 715*                              | ,  |  |                              |                  |
| THE   | DECOTEIN CTHART   | ☐ DELETE  | 2 ' TITLE  |  |  | Cr                                       | ange 🔲                       | Addit-on 1       |
| NAME<br>CLOSE LAPSDICCE   | BERSTEIN, STUART<br>150 S.W. 12TH AVENUE ST   | F 201   | 2.2 NAME   | T ADDRESS                              |  |  |                              |                  |
| STREET ADDRESS<br>CITY - ST - ZIP   | POMPANO BEACH FL 3306   |   | 24 C/TY-   |  |  |  |                              |                  |
| TITLE   |   | [] DELETE   | 3 1 TIT, F   |  |  | Cr                                       | nange 🔲                      | Addition         |
| NAME  |   |   | 3 2 NAMŁ   |  |  |  |                              | ĺ                |
| STREET ADDRESS  |   |   |  | 1 ADDRESS                              |  |  |                              |                  |
| C-1Y-S*-7IP<br>T-1UE  |   | ☐ DELETE  | 34 CHY<br>4 1 TITLE                                    |  |  | По                                       | nange 🗖                      | Addition         |
| NAME  |   |   | 4.2 NAME   |  |  | <b>C.</b> .                              |                              |                  |
| STREET ADDRESS  |   |   | 4.3 STREE  | LADDRESS                               |  |  |                              | *                |
| CHY-S1-ZIP  |   | ·   | 4 4 CHY-   | ST-ZIP                                 |  |  |                              |                  |
| Tafuf   |   | (1) DELETE  | 5 1 Tallif   |  |  | ☐ CI                                     | iange                        | Addition         |
| NAME  |   |   | 5.2 NAME   |  |  |  |                              |                  |
| STREET ADDRESS  |   |   |  | 1 ADDRESS                              |  |  |                              |                  |
| CITY - ST - ZIP   |   | DELETE  | 5 4 Cil Y -<br>6 1 litte                               |  |  |  | nange 🔲                      | Addition         |
| NAME  |   | _   | 6.2 NAME   |  |  | _  | _~                           |                  |
| STREET ADDRESS  |   |   | 63 STREE   | : ACORESS                              |  |  |                              |                  |
| CITY-ST-7IP   |   |   | 6.4 CITY -   |  | grangen name amagan i gara laga naga sa sa sa sa   | 07/01/15                                 |                              |                  |
| certify that t<br>oath; that I  | the information indicated on this annu-   | al report or supplemental ar<br>ation or the receiver or trus                 | inual report is ti<br>tec empowered                    | ue and accura                          | for the exemption stated in Section 119<br>ate and that my signature shall have the<br>is report as required by Chapter 607, F | ) same legal effec<br>lorida Statutes; a | ot as if made<br>and that my | le under<br>name |
| SIGNATI   | URE: SIGNA JURE AND TYPED OR  | Stuart Bern<br>PRINTED NAME OF SIGNING OFFI                                   | CER OR DIRECTOR  | ı.                                     | 4/2/96   | 954-7<br>(hytes                          | 91-45<br>Ethere #            | 700              |