

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000064626 (1)

1. Corporation Name  
T.C.A. DEVELOPMENT COMPANY



Principal Place of Business  
503 N. ORLANDO AVENUE  
SUITE 105  
COCOA BEACH FL 32931

Mailing Address  
503 N. ORLANDO AVENUE  
SUITE 105  
COCOA BEACH FL 32931-3171

3. Date Incorporated or Qualified  
08/21/1995  
3a. Date of Last Report  
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3330683	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B  
503 N. ORLANDO AVENUE  
SUITE 105  
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KODSI, ALBERT	1.2 NAME	Kodsi, Albert
STREET ADDRESS	503 N. ORLANDO AVENUE, SUITE 105	1.3 STREET ADDRESS	503 N. Orlando Ave., STE 105
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	Cocoa Beach, Fl. 32931
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V /S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KODSI, JOSEPH	2.2 NAME	John B. Shoemaker
STREET ADDRESS	503 N. ORLANDO AVENUE, SUITE 105	2.3 STREET ADDRESS	503 N. Orlando Ave., STE 105
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	Cocoa Beach, Fl. 32931
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: John B. Shoemaker 4/7/97 407-784-3266

CR2E034 (9/96)