

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000082831 (5)**

1. Corporation Name
D.C.T. DEVELOPMENTS, INC.



Principal Place of Business Mailing Address
8607 N.W. 66 STREET MIAMI FL 33166

| | | | | | | | | | |
|--------------------------------|----|----|----|----|---------------------|----|----|----|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | |
| Suite, Apt. #, etc. | | | | | Suite, Apt. #, etc. | | | | |
| City & State | | | | | City & State | | | | |
| Zip | | | | | Zip | | | | |
| Country | | | | | Country | | | | |

| | |
|---|---------------------------------------|
| 3. Corp. Incorporated or Qualified | 3a. Date of Last Report |
| | 10/25/1995 |
| 4. FEI Number | Applied For |
| 58-2202933 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | |

| | | | |
|---|--|----|--|
| 9. Name and Address of Current Registered Agent | | 81 | Name |
| TRENARY, DON C | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 8607 N.W. 66 STREET | | 83 | |
| MIAMI FL 33166 | | 84 | City |
| | | 85 | Zip Code |
| | | | FL |

11. Pursuant to the provisions of Sections 607.06(2) and 607.13(3), 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 607.06(2), Florida Statutes.

SIGNATURE _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|-----------------------------------|
| TITLE | NAME | TITLE | NAME |
| | P | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | TRENARY, DON C | | |
| | 19650 S.W. 207 AVENUE | | |
| | MIAMI FL 33187 | | |
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14. I do hereby certify that the information supplied with this filing is truthful, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information in 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 of this report, or on an attached sheet with or without.

SIGNATURE: *Don C. Trenary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 205-591-2824

CR2E034 (12/95)