

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000035493 (1)

1. Corporation Name
ARENA DEVELOPMENT COMPANY, INC.

Principal Place of Business Mailing Address
~~300 SOUTH ANDREWS AVENUE~~ ~~300 SOUTH ANDREWS AVENUE~~
~~6TH FLOOR~~ ~~6TH FLOOR~~
~~FORT LAUDERDALE FL 33301~~ ~~FORT LAUDERDALE FL 33301-1864~~

3. Date incorporated or Qualified **04/24/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **450 E. Las Olas Blvd** 2a **450 E. Las Olas Blvd.** 4. FEI Number **65-0679602** Applied For
Suite, Apt #, etc. Suite, Apt #, etc. Not Applicable
22 **1500** 27 **1500** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
City & State City & State 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
23 **Ft. Lauderdale FL** 28 **Ft. Lauderdale FL** 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
24 **33301** 25 **USA** 29 **33301** 30 **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. 81 Name
ONE S.E. THIRD AVENUE 27TH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33131 83
84 City **FL** 85 Zip Code

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 <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D Richard C. Rochon	1.2 NAME		
STREET ADDRESS 450 E. Las Olas Blvd #1500	1.3 STREET ADDRESS		
CITY-ST-ZIP Ft. Lauderdale FL 33301	1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME P Alex Muxa	2.2 NAME		
STREET ADDRESS Richard H. Evans	2.3 STREET ADDRESS	600002160986--6	
CITY-ST-ZIP 450 E. Las Olas Blvd #1500	2.4 CITY-ST-ZIP	-05/01/97--01001--019	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	***1155.00	***165.00
NAME V William M. Pierce	3.2 NAME		
STREET ADDRESS 450 E. Las Olas Blvd #1500	3.3 STREET ADDRESS		
CITY-ST-ZIP Ft. Lauderdale FL 33301	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ST Steve M. Dauria	4.2 NAME		
STREET ADDRESS 450 E. Las Olas Blvd #1500	4.3 STREET ADDRESS		
CITY-ST-ZIP Ft. Lauderdale FL 33301	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: **William Pierce** 4/29/96 954-627-5037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)