

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

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90025 040 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000035493**

1. Corporation Name  
**ARENA DEVELOPMENT COMPANY, INC.**



Principal Place of Business 450 E. LAS OLAS BLVD. STE 1400 FT LAUDERDALE FL 33301 US	Mailing Address 450 E. LAS OLAS BLVD. STE 1400 FT LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/24/1996</b>	4. FEI Number <b>65-0679602</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**AMERICAN INFORMATION SERVICES, INC.**  
**ONE S.E. THIRD AVENUE 27TH FLOOR**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROCHTON, RICHARD C</b>
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., 1500</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>MUXO, ALEX</b>
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., 1500</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>PIERCE, WILLIAM M</b>
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., 1500</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>DAURIA, STEVE M</b>
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., 1500</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>HANDLEY, RICHARD L</b>
STREET ADDRESS	<b>450 E LAS OLAS BLVD, STE 1500</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Rochon, Richard C.</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., #1400</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., #1400</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, as an attachment with an address, with all other like empowered.

SIGNATURE: Steven M. Dauria **REQUISITE** **STEVEN M. DAURIA** **4-30-99** **954-712-1300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)