

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90125 017 ***150.00

DOCUMENT # P96000053879

1. Corporation Name

DEVELOPERS CONSULTANT SERVICE, INC.



Principal Place of Business

Mailing Address

390 N. Orange Ave.
Suite 1285, Orlando, FL 32801

390 N. Orange Ave.
Suite 1285, Orlando, FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1996

4. FEI Number

59-3387541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 390 N. Orange Ave.

Suite, Apt. #, etc.

22 Suite 1285

City & State

23 Orlando, FL

Zip Country

24 32801

2a. Mailing Address

26 390 N. Orange Ave.

Suite, Apt. #, etc.

27 Suite 1285

City & State

28 Orlando, FL

Zip Country

29 32801

30

9. Name and Address of Current Registered Agent

BLACKBURN, JOHN M.
235 SOUTH MAITLAND AVENUE STE 110
MAITLAND FL 32751 *

10. Name and Address of New Registered Agent

81 Name

Joseph I. Goldstein, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

390 N. Orange Ave.

83

Suite 1285

84

City
Orlando,

85

Zip Code

FL

32801

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)

JOSEPH I. GOLDSTEIN Secretary

4/9/99

12. OFFICERS AND DIRECTORS

TITLE RS*
NAME BLACKBURN, JOHN M.
STREET ADDRESS 235 S MAITLAND AVE STE 110
CITY-ST-ZIP MAITLAND FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Treasurer ☒ Change ☐ Addition
1.2 NAME Philip L. Batura
1.3 STREET ADDRESS 5460 Hoffner Ave., Ste 408
1.4 CITY-ST-ZIP Orlando, FL 32812

2.1 TITLE Secretary ☒ Change ☐ Addition
2.2 NAME Joseph I. Goldstein
2.3 STREET ADDRESS 390 N. Orange Ave., Ste. 1285
2.4 CITY-ST-ZIP Orlando, FL 32801

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH I. GOLDSTEIN Secretary

Date

4/9/99

Daytime Phone

(404) 246-8447

CR2E034 (1/98)