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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Queinone



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067980 (8)

EVANS DEVELOPMENT COMPANY

Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



Timicipal Flace of Busiliess				Mailing Modress							
2085 NW 53 ST BOCA RATON I				2085 NW 53 STREET BOCA RATON FL 33496-3451							
								3. Date Incorporated or Qualified 08/15/1996	3a. Dat	e of Last I	Report
2. Principal Pi	ace of Busin	ioss	2a. M	2a. Mailing Address				4. FEI Number	L., .,		pplied For
21			26]]N	lot Applicable
Sulte, Apt. 4			27 St	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional tequired
City & State	}		Ci	City & State				6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution			to Fees	
Zip	Country		Zi	Zip Cou		untry		8. This corporation has liability for in	ntangible t	ax under :	s. 199.032,
24	25 9, Name and Address of Currer		29			l <u></u>		Fiorida Statutes			
		·	urrent Register	ed Agent				10. Name and Address of New Reg	istered Ā	gent	
	RICHARD				le	31 N	ame				
	LAKEVIEV RAY BEACH	V DR 1 FL 33445		82 Street Ad			treet Add	dress (P.O. Box Number is Not Acceptable)			
					8	3					
•										т	
					8	34 C	ity		FL	85 Zip	Code
11. Pursuant to	o the provisi	ons of Sections 60	7.0502 and 607.	1508, Florida Statu	ites, the abo	ove-na	med corp	poration submits this statement for the pu	rpose of o	hanging	its registered
office or re agent. I an	agistered ag Mamiliar wi	ent, or both, in the th, and accept the	State of Florida obtioations of, S	Such change was ection 607 0505 F	authorized Iorida Statut	by the les	corpora	poration submits this statement for the pution's board of directors. I hereby accep	I the appo	intrnent as	s registered
SIGNATURE		NV		0000,7007,0000,7	iorida Otalai				- 27		
SIGNATURE	Signal (1)	ix printed have if registe	ed agent and litte if ag	plicable. (NO	TE Fiegistered A	Agent s	mature requi	red when reinstating)	DATE		
, 12.	A	OCICER	S AND DIRECTO	DRS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	D ,	-		☐ DELETE	1.1 1010	E			E	Change	Addition
NAME	EVANS, N				1.2 NAME						
STREET ADDRESS		53 STREET			1.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RA	TON FL 33496			1.4 City	- ST - 711	,				
TITLE				☐ DELETÉ	2.1 TITLE	E			ι	Change	☐ Addition
NAME					2.2 NAM	IE .					
STREET ADDRESS					2.3 STRE	ET ADD	RESS				
CITY-ST-ZIP					2. 4 CITY	/ - ST - ZI	P				
TITLE				☐ DELETE	3.1 TITLE	F				Change	Addition
NAME					3.2 NAM	F					
STREET ADDRESS					3.3 STRE	ET ADD	RESS				
CITY-ST-ZIP					3.4. CITY	/-S1-7	Р				J
TITLE				DELETE	4.1 TITLE	E				Change	☐ Addition
NAME					4 2 NAM	AF.					
STREET ADDRESS					4.3 STRE	ET ADDI	RESS				
CITY-ST-ZIP		**			4.4 CITY	- ST - Zif	·				
TITLE				☐ DEFE1E	5.1 TITLE					Change	Addition
NAME					5.2 NAM	£					
STREET ADDRESS					5.3 STRE	ET ADD	RESS				
CITY-ST-ZIP					5.4 CITY	- ST - ZIF					
TITLE				DELETE	6.1 TITLE					Change	Addition
NAME .					6.2 NAME	F					
STREET ADDRESS					63STRE	ET ADDI	RESS				
CITY-ST-ZIP					6.4 CITY	- ST - ZIF					1

14. I do hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on his 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 50 on an attachment with an address.

CIGNATURE.