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

DOCUMENT # P96000096079 (4)

URBAN DEVELOPMENT CORPORATION

FILED Jun 24 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								
3837 NORTHDA SUITE 842 TAMPA FL 338	ALE BLVD.	3837 NORTHDALE BLVD. SUITE 242 TAMPA FL 33624-1841						
				3. Date Incorporated or Qualified	d 3a. Date of Last Report			
2. Principal P	Piace of Business	2a. Mailing Address			11/25/1996 4. FEI Number	W//		oplied For
	W. Hillsbaroush	26 322 W. Hills	haras	VA L			A - 481	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1000	3v-11	ľ			Additional
22		27			5. Certificate of Status Desired Fee Required			
City & Stat		City & State	FI.		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be to Fees
Zip	Country	Zip	Countr		B. This corporation has liability for i			. 199.032,
24 33 L			o Hill	S borney		Yes 🗶		
	g, Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Re	jistered Ag	ent	
	DWELL, JIMMY R		"	name				ĺ
14501 ANCHORET ROAD TAMPA FL 33824			82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
			83	. 	·			
				<u> </u>				
			84	City		FL	85 Zip (Code
office or a	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	rthorized b	y the corporati	oration submits this statement for the pon's board of directors. I hereby accep	roose of ch	nanging it itment as	s registered registered
SIGNATURE								
10	Signature, typed or printed name of registered agen			jont signature require		DATE	UDI CO OI	O IN 40
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	CALDWELL, JIMMY R		1.2 NAME			· •	, change	E Production
STREET ADDRESS	14501 ANCHORET ROAD			T ADDRESS				
CITY-ST-ZIP	TALES PLANAS		1.4 CITY-					
TITLE		DELETE 2.1		J. 24			Change	Addition
NAME			22 NAME					
STREET ADDRESS			23 STREE	T ADDRESS				İ
CITY-ST-ZIP			2 4 CITY-	-ST-ZIP				
TITLE		DELETÉ	3 1 TITLE				Change	Addition
NAME	ļ		32 NAME					
STREET ADDRESS		1	3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3 4. C/TY-	ST-ZIP		····		
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NAME			4. 2 NAME					ľ
STREET ADDRESS			•	T ADDRESS				-
CITY-ST-ZIP TITLE		DELETE	4.4 City- 51 Title	ST-ZIP			Change	Addition
NAMÉ		- precit	5.2 NAME			<u></u>	, onange	L ROUNDII
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			1					
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NAME		tend treates	6.2 NAME			_		
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 CITY-					
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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.