

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000023170 (8)
 1. Corporation Name
DEVELOPMENT PARTNERS, INC.



Principal Place of Business 646 S.W. 4 STREET BOCA RATON FL	Mailing Address 646 S.W. 4 STREET BOCA RATON FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6110 NW 31st TERRACE	2a. Mailing Address 6110 NW 31st TERRACE
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State FT. LAUDERDALE, FL	28. City & State FT. LAUDERDALE, FL
24. Zip 33309	25. Country USA
29. Zip 33309	30. Country USA

3. Date Incorporated or Qualified 03/13/1997	
4. FEI Number 65-0739843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BRONCHICK, KENNETH C ESQ
 100 W. CYPRESS CREEK ROAD
 SUITE 910
 FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	REED, KEITH S	1.2 NAME	REED, KEITH S.
STREET ADDRESS	646 S.W. 4 STREET	1.3 STREET ADDRESS	6110 NW 31st TERRACE
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	VSD	2.1 TITLE	VSD
NAME	KUTZ, ROBERT S	2.2 NAME	KUTZ, ROBERT S.
STREET ADDRESS	646 S.W. 4 STREET	2.3 STREET ADDRESS	6110 NW 31st TERRACE
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Keith S. Reed, President* 4/19/98

CR2E034 (10/97)