

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

99 MAY 24 AM 11:07

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056892
1. Corporation Name
DEVELOPENTORS, INC.

Principal Place of Business
330 NE 96TH ST.
MIAMI FL 33138

Mailing Address
330 NE 96TH ST.
MIAMI FL 33138

5/5/99 90084/031 \$150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13155 Ixora Ct. Suite, Apt. #, etc. Suite 705 City & State North Miami, FL Zip 33181		2a. Mailing Address 26 13155 Ixora Ct. Suite, Apt. #, etc. # 705 City & State North Miami, FL Zip 33181		3. Date incorporated or Qualified 06/27/1997	
22		27		4. FEI Number APPLIED FOR 65-0824568 Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33181		25 USA		29 33181	
26 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		28		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRAMSON, BENNETT A. 13155 IXORA COURT SUITE 705 NORTH MIAMI FL 33181				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0602 and 607.1606, 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 607.0605, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	BRAMSON, BENNETT A. 13155 IXORA CT, STE 705 N. MIAMI FL 33181	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	BRAMSON, SETH H. 330 NE 96TH STREET MIAMI SHORES FL 33138	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bennett A. Bramson* 4/27/99 (305) 891-3272
SIGNATURE AND TYPED OR PRINTED NAME OF BRAMSON OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)