COF ANNL	PROFIT PORATION DAL REPORT 1998	Sandra E Secreta	RIMENT OF STATE J. Mortham ry of Slate CORPORATIONS	Mar 13 199 Secretary	
 Corporation 	MENT # P9700 Name DY LANDEV, INC.	0064092 (4)			
Principal Place of Business 366 NW ALICE AVENUE STUART FL 34394		Mailing Address 366 NW ALICE AVENUE STUART FL 34994		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 07/24/1997	
Principal P	ace of Business	2a. Mailing Address		FEI Number	Applied For
Suite, Apt.	#, o tc.	26 Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicab \$8.75 Additional
City & Stale)	27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country	28] Zip	Country	Trust Fund Contribution	Added to Fees
Ζ φ	25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
ALI	 Name and Address of Curre MAN, ROY 	nt Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	NW ALICE AVENUE JART FL 34994		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
0 11	JMR1 FL 04894				
			83		
	o the provisions of Sociality 607.054	02 and 607.1508. Florida Statut	84 City	rooration submits this statement for the purpose	
I. Pursuant office or r agent. I a IGNATURE	n familiar with, and accopt the oblig	gations of, Section 607.0505, Fi	84 City es, the above-named co authorized by the corpora orida Statutes.	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
1. Pursuant 1 office or r agent. I a IGNATURE 2.	n familiar with, and accopt the oblig Signature, wied or proteit rune of negatived ag OF LICE HS AN	gations of Section 607.0505, Fi goat and this it applicately	84 City es, the above-named co authorized by the corpora orida Statutes. E Registered Agent signature req 13.	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a	L e of changing its registere appointment as registered E NND DIRECTORS IN 12
I. Pursuant offico or r agent. I a GNATURE 2. [LE	m familiar with, and accept the oblig Stansore, word or protect name of registered au	gations of Section 607.0505, Fill and each the displacation (NOT	84 City es, the above-named co authorized by the corpora orida Statutes.	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	C C C C C C C C C C C C C C C C C C
I. Pursuant office or r agent. I a IGNATURE 2. ILE WE REET ADDRESS	In familiar with, and accept the oblig Signature, typed or product name of registered ag OF LICE HS AN PD FINK, ROBERT 2 KINGSTON COURT	gations of Section 607.0505, Fi goat and this it applicately	84 City es, the above-named co authorized by the corpora orida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	L e of changing its registere appointment as registered E NND DIRECTORS IN 12
I. Pursuant office or r agent. I a IGNATURE 2. ILE WE REET ADORESS IY-SI-ZIP	In familiar with, and accept the oblig Signature, typed or product name of registered ag OF LICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD	gations of Section 607.0505, Fi goat and this it applicately	84 City es, the above-named co authorized by the corporation orida Statutes. E. Repistered Agent signature req 13. 1.1 BILE 1.2 NAME	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	L e of changing its registere appointment as registered E NND DIRECTORS IN 12
i. Pursuant office or r agent. I a GNATURE R. It ME REELADORESS IY-ST-ZIP IE ME	In familiar with, and accept the oblig Signature, typed or product name of registered ag OF LICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD ALLMAN, ROY	gations of, Section 607.0505, Fb gent and talk of applicatiku (NOT ND DIRECTORS	84 City es, the above-named co authorized by the corpora- brida Statutes. t- Rogistered Agent signature req 13. 11 TILE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST-ZIP 21 TILE 22 NAME	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	L Changing its registere appointment as registered E Change Change Addition
I. Pursuant office or r agent. I a IGNATURE 2. ILE ME REET ADORESS IY-ST-ZIP ILE ME REET ADORESS	In familiar with, and accept the oblig Signature, typed or product name of registered ag OF LICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD	gations of, Section 607.0505, Fb Jent and talk it applicately (NOT ND DIRECTORS	84 City es, the above-named co authorized by the corpora- brida Statutes. t- Rogistered Agent signature req 13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 AGITY - ST-ZIP	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	L Changing its registered appointment as registered L Change Addition Change Addition
I. Pursuant offico or r agent. I a IGNATURE R. IGNATURE REETADORESS IY-ST-ZIP IE ME REETADORESS IY-ST-ZIP ILE	In familiar with, and accept the oblig Signature, typed or product name of registered ag OFFICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD ALLMAN, ROY 366 NW ALICE AVENUE	gations of, Section 607.0505, Fb gent and talk of applicatiku (NOT ND DIRECTORS	84 City es, the above-named co authorized by the corpora- brida Statutes. t- Rogistered Agent signature req 13. 11 BITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 BITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	L Changing its registere appointment as registered E Change Change Addition
I. Pursuant offico or r agent. I a IGNATURE 2. ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME	In familiar with, and accept the oblig Signature, typed or product name of registered ag OFFICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD ALLMAN, ROY 366 NW ALICE AVENUE	gations of, Section 607.0505, Fb Jent and talk it applicately (NOT ND DIRECTORS	84 City es, the above-named co authorized by the corpora- brida Statutes. t- Rogistered Agent signature req 13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 AGITY - ST-ZIP	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	L Changing its registered appointment as registered L Change Addition Change Addition
I. Pursuant offico or r agent. I a IGNATURE 2. TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP	In familiar with, and accept the oblig Signature, typed or product name of registered ag OFFICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD ALLMAN, ROY 366 NW ALICE AVENUE	gations of, Section 607.0505, Fb Jent and talk it applicately (NOT ND DIRECTORS	84 City es, the above-named co authorized by the corpora- brida Statutes. t Rogistered Agent signature req 13. 11 TiTLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	L Changing its registered appointment as registered L Change Addition Change Addition
I. Pursuant offico or r agent. I a IGNATURE 2. IGNATUR	In familiar with, and accept the oblig Signature, typed or product name of registered ag OFFICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD ALLMAN, ROY 366 NW ALICE AVENUE	pations of, Section 607.0505, FL patient and table it applie at au VO DIFLE CTORS	84 City es, the above-named co authorized by the corpori orida Statutes. t Rogistered Agent signature req 13. 1.1 tille 1.2 NAME 1.3 STREET ADDRESS 1.4 City - ST-ZIP 2.1 Tille 2.2 NAME 2.3 STREET ADDRESS 2.4 City - ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 City - ST-ZIP 4.1 TILE 4.2 NAME	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	
I. Pursuant offico or r agent. I a IGNATURE 2. ILE ME REET ADORESS IY-ST-ZIP ILE ME REET ADORESS IY-ST-ZIP ILE ME REET ADORESS IY-ST-ZIP ILE ME REET ADORESS	In familiar with, and accept the oblig Signature, typed or product name of registered ag OFFICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD ALLMAN, ROY 366 NW ALICE AVENUE	pations of, Section 607.0505, FL patient and table it applie at au VO DIFLE CTORS	84 City es, the above-named co authorized by the corport orida Statutes. t Bogistered Agent signature req 13. 11 BITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 BITLE 2 NAME 2 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP 4. 1 TITLE 4. 2 NAME 4 3 STREET ADDRESS	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	
I. Pursuant offico or r agent. I a IGNATURE 2. IGNATUR	In familiar with, and accept the oblig Signature, typed or product name of registered ag OFFICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD ALLMAN, ROY 366 NW ALICE AVENUE	pations of, Section 607.0505, FL patient and table it applie at au VO DIFLE CTORS	84 City es, the above-named co authorized by the corporation orida Statutes. the above-named co- authorized by the corpora- orida Statutes. 1 13. 1.1 tille 12. 13. 1.1 tille 12. 13. 1.1 tille 12. 2.1 tille 2.1 tille 2.1 tille 2.1 tille 2.1 tille 3.1 tille 3.2 nAME 3.3 tillet ADDRESS 3.4 city - St-ZiP 4.1 tille 4.2 nAME 4.3 street ADDRESS 3.4 city - St-ZiP 4.1 tille 4.2 nAME 4.3 street ADDRESS 4.4 city - St-ZiP 5.1 tille	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	
I. Pursuant offico or r agent. 1 a GNATURE I. I.E ME REET ADORESS IY-ST-ZIP LE ME REET ADORESS IY-ST-ZIP LE ME REET ADORESS IY-ST-ZIP LE ME REET ADORESS Y-ST-ZIP LE ME	In familiar with, and accept the oblig Signature, typed or product name of registered ag OFFICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD ALLMAN, ROY 366 NW ALICE AVENUE	pations of, Section 607.0505, FL patient and table it applie at 40 (NOT VO DIFLE CTORS	84 City es, the above-named co authorized by the corporation orida Statutes. the above-named co authorized by the corporation orida Statutes. 1 13. 11. 12. 13. 11. 12. 13. 13. 14. 17. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21. 22. 23. 23. 31. 21. 31. 22. 31. 23. 31. 21. 31. 21. 31. 31. 31. 31. 31. 31. 31. 31. 31. 31. 31. 31. 31. 31. 31. 41. 11. 41. 41.	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	
I. Pursuant offico or r agent. I a IGNATURE 2. IS IS IS IS IS IS IS IS IS IS IS IS IS	In familiar with, and accept the oblig Signature, typed or product name of registered ag OFFICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD ALLMAN, ROY 366 NW ALICE AVENUE	pations of, Section 607.0505, Fi	84 City es, the above-named co authorized by the corport orida Statutes. the above-named co authorized by the corport orida Statutes. 13. 11. 12. 13. 1.1. 13. 1.1. 13. 1.1. 13. 14. 17. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21. 22. 23. 23. 31. 21. 31. 22. 31. 23. 31. 24. 27. 31. 31. 32. 31. 31. 31. 31. 31. 31. 31. 4. 31. 4. 31. 4. 31. 4. 31. 4. 31. 11. 4.	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	
I. Pursuant offico or r agent. I a IGNATURE 2. TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE	In familiar with, and accept the oblig Signature, typed or product name of registered ag OFFICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD ALLMAN, ROY 366 NW ALICE AVENUE	pations of, Section 607.0505, FL patient and table it applie at 40 (NOT VO DIFLE CTORS	84 City es, the above-named co authorized by the corport orida Statutes. the above-named co authorized by the corport orida Statutes. 13. 11. Tille 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP 21. TILE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP 31. TILE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP 41. TILE 4. STREET ADDRESS 34. CITY - ST - ZIP 41. TILE 4. STREET ADDRESS 4. CITY - ST - ZIP 4. TITLE 4. STREET ADDRESS 4. CITY - ST - ZIP 5. TITLE 5. STREET ADDRESS 4. GITY - ST - ZIP 5. TITLE 5. STREET ADDRESS	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	
1. Pursuant office or r agent. I a	In familiar with, and accept the oblig Signature, typed or product name of registered ag OFFICE HS AN PD FINK, ROBERT 2 KINGSTON COURT SEWALLS POINT FL 34996 VTD ALLMAN, ROY 366 NW ALICE AVENUE	pations of, Section 607.0505, Fi	84 City es, the above-named co authorized by the corport orida Statutes. t Bogistered Agent signature req 13. 11 HTLE 12 NAME 13 STREET ADDRESS 14 City - ST-ZIP 21 HTLE 22 NAME 23 STREET ADDRESS 24 City - ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. City - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 City - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 City - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 City - ST-ZIP 6.1 TITLE	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a uired when reinstelling) DAT	

1. 1