

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000088125
1. Corporation Name
O'RYAN DEVELOPMENT GROUP, INC.

Principal Place of Business
2720 SOUTHWEST 22ND AVENUE
SUITE 1518
DELRAY BEACH FL 33445

Mailing Address
2720 SOUTHWEST 22ND AVENUE
SUITE 1518
DELRAY BEACH FL 33445

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 13 AM 10:54



DO NOT WRITE IN THIS SPACE

| | |
|--|-----------------------------------|
| 3. Date incorporated or Qualified 10/15/1998 | |
| 4. FEI Number 650869415 | Applied For 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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--------------------------------|
| 2. Principal Place of Business 21 Same | 2a. Mailing Address 26 Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| Country | Country |
| 24 | 29 |

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> DELETE |
| NAME | FELLING, GARY L | |
| STREET ADDRESS | 2720 SOUTHWEST 22ND AVENUE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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-09/15/99-01051-009
****150.00 ****150.00

8/19/13

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: *Gary L Felling*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99
Date

561 2783696
Daytime Phone #

000000

CR2E034 (5/99)

O'RYAN

DEVELOPMENT GROUP, INC.

GENERAL CONTRACTORS / CONSTRUCTION MANAGEMENT / DESIGN
2720 SW 22ND AVENUE / SUITE 21100 MIAMI BEACH, FLORIDA 33135

September 10, 1999

Annual Reports Fillings
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ATTN: Sean Toner

Dear Mr. Toner,

Enclosed, please find a check for O'Ryan Development Group in the amount of \$150.00 for our Corporation Annual Report.

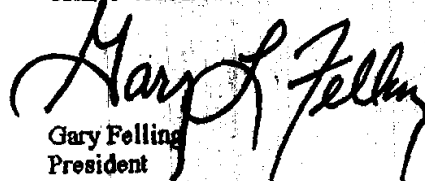
Check #1235 was mailed to the appropriate office in May. My new bookkeeper has checked the bank statements and has informed me that the check never cleared. Under the advise of the general information number, I am mailing in the amount due & the annual report to your attention.

Being a business owner, I would never overlook my responsibilities with the State and hope that this clears up any problems with the annual report for my company.

If you need to speak with me further about this, please call me at 351-175-1225.

Thank you for your help in this most important matter.

Sincerely,
THE O'RYAN DEVELOPMENT GROUP


Gary Felling
President