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

**CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthams

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(2)

	DEVELO		ASSOCIATES IN	TERNA	TIONAL, INC.							
Principal Place of Business Mailing Address									-	ill Elkli Ald	IFF OLDER BLOVE OF	ial didil idel
3389 SHERIDAN ST SUITE 309 3389 SHERIDAN ST SUITE						ITE 309						
HOLLYWOOD FL 33021				ı	HOLLYWOOD FL 33021							
									DO NOT WRITE	: IN THIS	SPACE	
									3. Date Incorporated or Qualified 12/21/1990			
	Principal Pla	cipal Place of Business			2a. Mailing Address				4. FEI Number		Ar	pplied For
21	Oute for a state			26					65-0234569			ot Applicable
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional equired
	City & State				City & State				6. Election Campaign Financing	· · ·		May Be
23				28	28				Trust Fund Contribution			to Fees
_	Zip	Country			Zip Co				8. This corporation owes or has pa	aid the cu		
24		25			30				Personal Property Tax due June 30. Yes No			
			and Address of Curre	ent Regis	tered Agent		. T		10. Name and Address of New Re	gistered	Agent	
GOLD\$TEIN, DONNA L.							1	Name				
3389 SHERIDAN ST SUITE 309 HOLLYWOOD FL 33021					82 Street Add			Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
HULLIWOOD FL 33021					a <sub>3</sub>							
						84 City					100 7in	Cada
								•		FL	-     `	Code
11.	Pursuant to effice or re- agent. I am	o t <b>he</b> provisi g <b>ister</b> ed ag n f <b>a</b> miliar wi	ions of Sections 607.05 lent, or both, in the Stat th, and accept the obli	502 and 6 te of Florio gations of	07.1508, Flori <mark>da Statu</mark> da: Such ch <b>ange wa</b> s , Section 60 <b>7.0505</b> , Fl	tes, the abo authorized t lorida Statute	ve- by 1	-named corpo the corporatio	oration submits this statement for the pon's board of directors. I hereby acceptance	ourpose o	of changing it pointment as	s registered registered
SIG	NATURE .	inneture typed	or printed name of registered a	most and tills	il anglicable (NO	If: Popetared A	and	it signature required	d when reinstating)	DATE	•	
12,		g. plote, typod	OFFICERS A			13.	gen	( argulature required	ADDITIONS/CHANGES TO OFFIC		D DIRECTOR	3S IN 12
TITLE		PD	•		DELCTE	1.1 TITLE					Change	Addition
NAM	E		TEIN, DONNA L			1.2 NAME						
STRE	STREET ADDRESS 3389 SHERIDAN ST #309				1.3			NDDRESS				
ÇITY	CITY-ST-ZIP HOLLYWOOD FL				1.4.00			- ZIP				
TITLE		51			☐ DELETE	21 TITLE					Change	☐ Addition
NAM	E		TEIN, DONNA L			2.2 NAME						İ
STRE	ET ADDRESS		HERIDAN ST #309			2 3 STREE	ŦΑ	JDDRESS				
CITY	- ST - 21P	HOLLYV	YOOD FL			2. 4 CITY	- ST	i- <b>Z</b> (P				
· TITLE					☐ DELETE	3.1 TITLE					Change	Addition
NAM	E					3.2 NAME						
	ET ADDRESS					3.3 STREE	T A	DDRESS				
	-ST-ZIP				7 20.000	3.4. CITY	-ST	- ZIP				
TITLE					LJ DELETE	4.1 TITLE					L Change	☐ Addition
NAMI						4. 2 NAMI						
	ET ADDRESS					4.3 STREE		1				
	-ST-ZIP				☐ DELETE	4.4 CITY-		- ZiP		<u> </u>		A states
TITLE	Į.				☐ pere ie	5.1 TITLE					☐ Change	☐ Addition
NAM	i					5.2 NAME						
	ET ADDRESS					5.3 STREE						
CITY-	-ST-ZIP				☐ DELETE	5.4 CITY - 6.1 TITLE	_	- III			Change	Addition
NÁM											FT cuantie	T MOOIIION
STREET ADDRESS					6.2 NAME 6.3 STREET ADDRESS							
OTHE	LI NOUNEGO					0.5 STREE	I Al	ספשטטע				1

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 supplimental 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 13 if changers or on an attachment with an address.

6.4 CITY - ST - ZIP

**FILED** 

May 19 1998 8:00am

Secretary of State