FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S36706

(7)

1. Corporation	MENT # \$367(DEVELOPMENT, INC.	06	(7)								
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Principal Place	of Business	M.	iling Address				I IEDIIDID IOD IIID DIIII OORI DI	HAW DIIN BABAI W	ALI OLUKI BIUL	I BARAN BURAN INDI	
401 W COL	ONIAL DR		401 W COLONIAL DR								
STE 7 ORLANDO F	FL 32804		STE 7 ORLANDO FL 32804			Į					
US	E 42004		US				3. Date Incorporated or Qualified 03/11/1991		of Last Re 03/02/19		
2. Principal Pla	ace of Business	1	Mailing Address				4. Ft.1 Number 59-3068334		P	Applied For	
Suite, Apt. 4	# otc	26	Suite, Apt. #, etc.				38-3000334			Not Applicable Additional	
22	*, BIC	27	Suite, Apr. #, etc.				Certificate of Status Desired			Required	
City & State			City & State				6. Election Campaign Financing			0 May Be	
23		28	•				Trust Fund Contribution		-	d to Fees	
Zip	Country		Ζιρ	Coun	try		8. This corporation has liability for		ix under s	199.032,	
24	25	29		30]	<u></u>	s □ No	<u></u>		
	9. Name and Address of Curre	ent Regis	tered Agent		81 Name		10. Name and Address of New	Hegistered	Agent		
						WILLIAM H. MACHEDIUR					
ALLEN, THOMAS R.				8			s (P.O. Box Number is Not Accepta			-	
340 N. ORANGE AVE. SUITE 1300					33	5.)r	N. COLOMAL DK.	DITE	<u>′ </u>		
ORLANDO FL 32802											
OILDAN	DO 1 E 02002			8	City of	2CAN	J0a	FI	85 Zip	o Code 3-864	
or register familiar wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Florth, and accept the obligations of S	02 and 60 Irida Such Chion 607.	i change was authorize 0505 - Florida Statutes.	id by the co	rporation's	board	of directors. Thereby accept the app	oointment as	registered	agent Lam	
SIGNATURE _	Signature: typest or printed name of rely here tlags		· ·	UAM 1 L Beginderen A	T. • . ∦FV 2 H gentagraturg r	eme	771QS Feritora/sting	DAG	196		
12.	OFFICERS A	NO DIREC		13.		,	ADDITIONS/CHANGES TO OF				
TITLE	DP		DELETE	1 1 1111	. F			[Change	Addition	
NAME	MACARTHUR, WILLIAM H.			1.2 NAN							
STREET ADDRESS	401 W COLONIAL DRIVE S	SUITE 7			EET ADDRESS						
CITY - ST - ZIP	ORLANDO FL		FIDELETE		S1 - ZIP	 		,	Changa	- Addition	
TITLE	dvt Fuqua, jeff		☐ DELETE	2 1 11				ι	Change	☐ Addition	
NAME CARSEL LODDS AG	401 FERGUSON DRIVE			2 2 NAV							
STREET ACCRESS	ORLANDO FL				EET ADDRESS						
CITY-ST-ZIP TITLE	DVS		□ DELETE	3 1 III-	- SI - Z-F	+			Change	☐ Addition	
NAME	FANT, JAMES			3.2 NAN				,	_ *	-	
STREET ADDRESS	401 W COLONIAL DRIVE,	SUITE 7			REET ADDRESS						
CITY - ST - ZIP	ORLANDO FL			3.4 015	- ST 7/P						
TITLE	AST		⊠ DELETE	4 ' [1]'	.F	AS	า	l	Change	₩ Addition	
NAME	CRENSHAW, JAMES L			4 2 NAM	16	EU	ZABETH CONANT	-4			
STREET ADDRESS	401 W COLONIAL DR STE	7		4 3 STR	ee' Adoress		W. COLONIAL DR, SU	TE 7			
CITY+ST-ZIP	ORLANDO FL				r - ST - ZIP	OPL	ANDO, R. 32814	····			
TITLE			DELÉTE	5 1 T IT				ĺ	Change	Addition	
NAME				5.2 NAN							
STREET ADDRESS					EL CADDRESS						
CITY-ST-ZIP			DELETE		(+\$1-7IP				Change	Additron	
TITLE NAME			Charter	6 1 TH 6 2 NAM				·	Griange	nout on	
NAME STREET ADDRESS					re Eet address						
CITY-ST-ZIP					(- \$1 - 2IP						
U. L.	L										

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplementar 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: Eligabete J. Com + ELIZABET 5. COLANT 4/22/96 (40)425-8276