


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).

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90011 031 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S37218</b> ✓					
1. Corporation Name <b>OFFICE DEVELOPERS, INC.</b>					
Principal Place of Business <b>4655 MIRABELLA COURT ST. PETE BEACH FL 33706 US</b>			Mailing Address <b>4655 MIRABELLA COURT ST. PETE BEACH FL 33706 US</b>		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/07/1991</b>	
21		26		4. FEI Number <b>59-3073318</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
26		27		30	
9. Name and Address of Current Registered Agent <b>DOUGLAS, ROBERT A 8351 BLIND PASS RD ST PETERSBURG FL 33706</b>				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								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE				CP				1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				LEWIS, ROGER P				1.2 NAME							
STREET ADDRESS				4655 MIRABELLA COURT				1.3 STREET ADDRESS							
CITY-ST-ZIP				ST. PETE BEACH FL 33706				1.4 CITY-ST-ZIP							
TITLE				DS				2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				LEWIS, HANNELORE				2.2 NAME							
STREET ADDRESS				4655 MIRABELLA COURT				2.3 STREET ADDRESS							
CITY-ST-ZIP				ST. PETE BEACH FL 33706				2.4 CITY-ST-ZIP							
TITLE								3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY-ST-ZIP								3.4 CITY-ST-ZIP							
TITLE								4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE								5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE								6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								6.4 CITY-ST-ZIP							

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:** SIGNATURE REQUIRED ROGER P. LEWIS 727-363-0711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date July 16, '99 Daytime Phone #

CR2E034 (5/99)