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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$43393

(5)

EL RAY DEVELOPMENT, INC.

Principal Place of Business Mailing Address						a consider are define state state and alle billet bebit debit divit divit divit defit debit that		
1803 US 19 HOLIDAY FL 34691 1803 US 19 HOLIDAY FL 34691-5536			;					
						3. Date Incorporated or Qualified 3a. Date of Last Report 04/03/1991 03/20/1996		
2. Principal Pl	2a. Mailing Address	ailing Address			4. FEI Number Applied For			
21		26				59-3060020 Not Applicable		
Suite Apt.	#, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27				Fee Hequired		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be		
23 Zip	Country	28 Zip	Country			Trust Fund Contribution Added to Fees		
24	25	29	\vdash	— '		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Curre		[30]	[30]		10. Name and Address of New Registered Agent		
_ _					81 Name			
	3 US HWY 19			-	<u> </u>			
	IDAY FL 34691			82	Street	et Address (P.O. Box Number is Not Acceptable)		
				83		**************************************		
						T		
				84	City	FL 85 Zip Code		
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida State of Florida, Such change wa	tutes, the is authoriz	above ed by	named the cor	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered		
	m tamiliar with, and accept the obig	gations of, Section 607.0505,	riorida Su	atutes	i.			
SIGNATURE	Signature typing or princial ranks placegistered as	pert and little if applicable (N	OTE: Register	ed Ape	nt sionaturi	ure required when reinstaling) DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	DELETE	1.1	TITLE		Change Addition		
NAME	SPEER, LYNNDA L		1,2	NAME				
STREET ADDRESS	1803 US 19		1.3	STREET	ADDRESS	s		
CITY - ST - ZIP	HOLIDAY FL		1,4	CITY-S	T-ZIP			
me	STD	DELETE	2.1	TiTLE		Change Addition		
NAME	BAKER, RICHARD W		2.2	NAME				
STREET ADDRESS	1803 US HWY 19		2.3 STREET ADDRESS		5			
CHY+S1+Z(P			CITY-	ST-ZIP	·			
TOLE		DELETE 3.1		TITLE		Change Addition		
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET	ADDRESS	S		
CITY - ST - ZIP			CITY-	ST-21P				
TITLE		L DELETE		TITLE		Change Addition		
NAM8				NAME				
STREET ADDRESS					ADDRESS	S		
C/TY - ST - ZIP		Dr. FYF		CITY-S	T-ZIP			
THILE		☐ DELETE		TITLE		Change Addition		
NAME DIRECT ADDRESS:				NAME	1000000			
STREET ADDRESS					ADDRESS	S		
CITY-S1-7(P TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE		CITY - S	i - ZIP	Change Addition		
		בן טנגנונ		TITLE		L. Change L. Addition		
NAVE exerct Appears:				NAME CTOCCT	IDDD5555			
STREET ADDRESS					ADDRESS			
City-St-7iP 14. Ldo hereb	ov certify that the information sumpli	ed with this filing does not an		CITY-S		In stated in Section 119.07(3)(i), Florida Statutes. I further certify that the		
informatic Lam an o	on indicated on this annual report or fficer or director of the corporation o	supplemental annual report is or the receiver or trustee emp	is true and owered to	Laccu	rate and	nd that my signature shall have the same legal effect as if made under oath; that s report as required by Chapter 607, Florida Statutes; and that my name		
appears in Block 12 or Block 13 of changed, or on an atlachment with an address.								

SIGNATURE:

2/17/97

Daytime Phone #

FILED

Feb 28 1997 8:00am

Secretary of State

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