

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

95 JUL 12 AM 8:12

DOCUMENT # **XXXXXXXXXX42**

1. Corporation Name **V49580**
DEVELOPMENT CONCEPTS OF SOUTH FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001537209

-07/13/95-01072-015

******225.00 ****225.00**
DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
1620 West 21st St. 1620 West 21st St.
Miami Beach, FL 33140 Miami Beach, FL 33140

3. Date Incorporated or Qualified **July 10, 1992** 3a. Date of Last Report **May 1, 1994**

2. Principal Place of Business 2a. Mailing Address
21 **1620 W. 21st St** 26 **1620 W. 21st St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **---** 27 **---**
City & State City & State
23 **Miami Beach, FL 33140** 28 **Miami Beach, FL 33140**
Zip Country Zip Country
24 **33140 Dade** 29 **33140 Dade** 30 **Dade**

4. FEI Number **65-0356733** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. Trust Fund Contribution ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Frank H. Holtzman
525 West 28th Street
Miami Beach, Florida 33140

10. Name and Address of New Registered Agent

81 Name **Frank H. Holtzman**
82 Street Address (P.O. Box Number is Not Acceptable)
10070 Bay Harbor Terrace
83
84 City **Bay Harbor Islands, FL** 85 Zip Code **33154**

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 *Frank H. Holtzman* **FRANK H. HOLTZMAN**
Signature, typed or printed name of registered agent and title if applicable (SEE Registered Agent signature required when renewing)

6-29-95
DATE

12. OFFICERS AND DIRECTORS

TITLE **President and Director**
NAME **Handre Hurwit**
STREET ADDRESS **1620 W. 21st Street**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an address

SIGNATURE: *Handre Hurwit*
Signature and typed or printed name of signing officer or director

6-29-95 **(305) 754-1375**
Date Contact Person