SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # V51281 (6)

1. Corporation Name

LTI DEVELOPMENT COMPANY, INC.

Principal Place of Business
5713 CORPORATE WAY
SUITE 204
WEST PALM BEACH FL 33407

Mailing Address
5713 CORPORATE WAY
SUITE 204
WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified: 07/16/1992
3a. Date of Last Report: 02/08/1995
4. FEI Number: 65-0350145 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 5713 Corporate Way
Suite Apt #, etc.
22 200
City & State
23 West Palm Bch Fl
Zip 24 33407 Country 25 USA

2a. Mailing Address
26 5713 Corporate Way
Suite Apt #, etc.
27 200
City & State
28 West Palm Bch Fl
Zip 29 33407 Country 30 USA

9. **Name and Address of Current Registered Agent**

MURPHY, EUGENE W JR.
340 ROYAL PALM WAY
SUITE 100
PALM BEACH FL 33480

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PERSON, ROSS	
STREET ADDRESS	5713 CORPORATE WAY, #204	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	☐ DELETE
NAME	GRAHAM, ANTHONY L	
STREET ADDRESS	5713 CORPORATE WAY, #204	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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	5713 Corporate Way Suite 200	
1 4 CITY-ST-ZIP		
2 1 TITLE		☒ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS	5713 Corporate Way Suite 200	
2 4 CITY-ST-ZIP		
3 1 TITLE	~~Kirk Napoletano~~	☐ Change ☒ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE	V.P.	☐ Change ☒ Addition
4 2 NAME	Kirk Napoletano	
4 3 STREET ADDRESS	5713 Corporate Way Suite 200	
4 4 CITY-ST-ZIP	West Palm Bch Fl 33407	
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ross Person Ross Person 6/18/96 (407) 478-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

0006950 CP