

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 18 1996 8:00 am

Secretary of State

DOCUMENT # **V65220** (8)

1. Corporation Name

EVOLUTION DEVELOPMENT CORPORATION



Principal Place of Business

16261 S.W. 285TH STREET
HOMESTEAD FL 33033

Mailing Address

P.O. BOX 14-1047
CORAL GABLES FL 33114

2. Principal Place of Business

21 **851 SAN PEDRO AVE**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Coral Gables FL**

27 City & State

24 Zip

33156

25 Country

DADE

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**FLAXMAN, NEIL ESQ.
2600 DOUGLAS ROAD
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

09/21/1992

3a. Date of Last Report

05/25/1995

4. FEI Number

65-0388220

Applied F

Not Appl

5. Certificate of Status Desired



\$8.75 Additio
Fee Requirec

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May I
Added to Fee

8. This corporation has liability for intangible tax under s. 199.03
Florida Statutes ☐ Yes ☐ No

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 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, 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 changing state)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **FREISMUTH, BERNARD R**
STREET ADDRESS **16261 S.W. 285TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **ST** ☐ DELETE
NAME **SHELDON, DANA C**
STREET ADDRESS **16261 S.W. 285TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 in person; 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:

Bernard Freismuth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

Date

(305)

666-6531

Daytime Phone #