

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S89162 (9)

1. Corporation Name
DRAGON DEVELOPMENT CORPORATION



Principal Place of Business: **2274 NIKI JO LN PALM BEACH GARDENS FL 33410**
Mailing Address: **2274 NIKI JO LN PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified: **10/23/1991**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **65-0294929**
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: **21 364 GOLFVIEW RD**
Suite, Apt. #, etc.: **22 SUITE 101**
City & State: **23 N. PALM BEACH, FL**
Zip: **24 33408** Country: **25 USA**
2a. Mailing Address: **26 364 GOLFVIEW RD**
Suite, Apt. #, etc.: **27 SUITE #101**
City & State: **28 N. PALM BEACH, FL**
Zip: **29 33408** Country: **30 USA**

9. Name and Address of Current Registered Agent
WEBSTER, DONALD
2274 NIKI JO LN
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
81 Name: **DONALD J. WEBSTER**
82 Street Address (P.O. Box Number is Not Acceptable): **364 GOLFVIEW RD SUITE #101**
83
84 City: **N. PALM BEACH** FL 85 Zip Code: **33408**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0605, Florida Statutes.
SIGNATURE: *[Signature]* **DONALD J. WEBSTER, Reg. Agent** Date: **4/17/96**

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	WEBSTER, NANCY	
STREET ADDRESS	2274 MIKI JO LANE	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	364 GOLFVIEW RD SUITE #101
1.4 CITY - ST - ZIP	N. PALM BEACH FL, 33408
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.
SIGNATURE: *[Signature]* Date: **4/17/96** Data File #: **407-624-6031**

CR2E034 (12/95)