

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

FILED

**Apr 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 590847 (0)

1. Corporation Name
W.H. DOWNTOWN DEVELOPMENT CORP.



Principal Place of Business 306 LAUREL COVE WAY WINTER HAVEN FL 33884-3126 US	Mailing Address 306 LAUREL COVE WAY WINTER HAVEN FL 33884-3126 US
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3. Date Incorporated or Qualified 10/24/1978		3a. Date of Last Report 04/17/1996	
2. Principal Place of Business		4. FEI Number 59-1980581	
2a. Mailing Address		Applied For Not Applicable	
21. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	
22. City & State		\$8.75 Additional Fee Required	
23. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24. Zip Country		\$5.00 May Be Added to Fees	
25. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Zip Country			
27. Zip Country			
28. Zip Country			
29. Zip Country			
30. Zip Country			

9. Name and Address of Current Registered Agent ISOLA, LOUIS 306 LAUREL COVE WAY WINTER HAVEN, FLORIDA D 33880				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code		FL	

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ISOLA, LOUIS		1.2 NAME	
STREET ADDRESS 306 LAUREL COVE WAY		1.3 STREET ADDRESS	
CITY - ST - ZIP WINTER HAVEN FL		1.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEROCHES, MICHAEL		2.2 NAME	
STREET ADDRESS 1333 37TH ST. NW		2.3 STREET ADDRESS	
CITY - ST - ZIP WINTER HAVEN FL		2.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DICKERSON, JAMES		3.2 NAME	
STREET ADDRESS 1018 HESPERIDES ROAD		3.3 STREET ADDRESS	
CITY - ST - ZIP LAKE WALES FL		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *[Signature]* **LOUIS ISOLA** DATE: **4-1-97** DAYTIME PHONE #: **941-324-3928**

CR2E034 (9/96)