

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K87861** (6)

1. Corporation Name
NATIONAL DEVELOPMENT PROPERTIES OF FLORIDA, SOUTHWEST, INC.



Principal Place of Business: 1520 ROYAL PALM SQ BLVD. 360 FT MYERS FL 33919 US
Mailing Address: 1520 ROYAL PALM SQ BLVD. 360 FT MYERS FL 33919 US

3. Date Incorporated or Qualified: 05/12/1989
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: 59-2947295
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

9. Name and Address of Current Registered Agent
**MILLER, ERIC C.
1520-360 ROYAL PALM SQ BLVD.
FT MYERS FL 33919**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11. PD NAME: MILLER, ERIC C. STREET ADDRESS: 1520-360 ROYAL PLM SQ BL CITY, ST, ZIP: FT. MYERS FL	<input type="checkbox"/> DELETE
12. DT NAME: MILLER, TINA L. STREET ADDRESS: 1520-360 ROYAL PLM SQ BL CITY, ST, ZIP: FT. MYERS FL	<input type="checkbox"/> DELETE
13. S NAME: HENDERSON, DEBRA STREET ADDRESS: 1520 360 ROYAL PLM SQ BL CITY, ST, ZIP: FT. MYERS FL	<input type="checkbox"/> DELETE
14. [] NAME: [] STREET ADDRESS: [] CITY, ST, ZIP: []	<input type="checkbox"/> DELETE
15. [] NAME: [] STREET ADDRESS: [] CITY, ST, ZIP: []	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Eric C. Miller* Eric C. Miller 2/9/96 941-275-8029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee #

CR2E034 (12/95)