


**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
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DOCUMENT # L17148 (2)
 1. Corporation Name
PEBBLE DEVELOPMENT CORP.



Principal Place of Business	Mailing Address
30500 NORTHWESTERN HWY STE 200 FAMINGTON HILLS MI 48334-177 US	222 SOUTH WESTMONTE DR STE 210 ALTAMONTE SPRINGS FL 32714 US

2. Principal Place of Business	2a. Mailing Address
21 -	26 -
Suite, Apt #, etc	Suite, Apt #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
09/20/1989	05/31/1995
4. FEI Number	Applied For
59-2968020	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PHILIP TATICH, ESQUIRE
 TATICH DOWNIGN SHIRLEY PYLES & LOONEY P.A.
 601 SOUTH LAKE DESTINY RD STE 200
 MAITLAND FL 32751**

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 _____ (NOTE: Registered Agent's signature required when substituting)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	GRENADIER, CARL	
STREET ADDRESS	17348 W TWELVE MILE RD, STE 204	
CITY - ST - ZIP	SOUTHFIELD MI	
TITLE	STD	<input type="checkbox"/>
NAME	LIBERSON, WILLIAM I.	
STREET ADDRESS	26699 W 12TH MILE S-200	
CITY - ST - ZIP	SOUTHFIELD MI	
TITLE	VPD	<input type="checkbox"/>
NAME	GRENADIER, CHARLES	
STREET ADDRESS	17348 W 12TH MILE S-204	
CITY - ST - ZIP	SOUTHFIELD MI	
TITLE	VPD	<input type="checkbox"/>
NAME	KANTOR, JOSEPH	
STREET ADDRESS	4972 SHORELINE CIRCLE	
CITY - ST - ZIP	SANFORD FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
400001930254		<input type="checkbox"/>	<input type="checkbox"/>
-08/23/96--01004--050			
***225.00			

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 included 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: *Joseph Kantor* Joseph Kantor, V.P. 8/16/96 407 682-6940

CR2E034 (3/96)