


FILED
Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90011 003 ***150.00
 09-23-1999 90006 036 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L17148

1. Corporation Name
PEBBLE DEVELOPMENT CORP.



Principal Place of Business 30500 NORTHWESTERN HWY STE 200 FARMINGTON HILLS MI 48334-177 US	Mailing Address 222 SOUTH WESTMONTE DR STE 210 ALTAMONTE SPRINGS FL 32714 #6
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 <i>P.O. Box 160845</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 <i>Altamonte Springs</i>
City & State	City & State
23	28 <i>32716-0845</i>
Zip	Zip
24	29 <i>Volusia County</i>
Country	30
25	

3. Date Incorporated or Qualified 09/20/1989	4. FEI Number 59-2968020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PHILIP TATICH, ESQUIRE
TATICH-DOWNS-CHIPLEY-PYLES & LOONEY P.A.
601 SOUTH LAKE DESTINY RD STE 200
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name Philip Tatich, Esquire
82 Street Address (P.O. Box Number is Not Acceptable) 341 N. Maitland Ave. Ste 340
83
84 City Maitland
85 FL
86 Zip Code 32751

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 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	GRENADIER, CARL	1.2 NAME
STREET ADDRESS	17348 W TWELVE MILE RD, STE 204	1.3 STREET ADDRESS
CITY-ST-ZIP	SOUTHFIELD MI	1.4 CITY-ST-ZIP
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBERSON, WILLIAM I.	2.2 NAME
STREET ADDRESS	26699 W 12TH MILE S-200	2.3 STREET ADDRESS
CITY-ST-ZIP	SOUTHFIELD MI	2.4 CITY-ST-ZIP
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRENADIER, CHARLES	3.2 NAME
STREET ADDRESS	17348 W 12TH MILE S-204	3.3 STREET ADDRESS
CITY-ST-ZIP	SOUTHFIELD MI	3.4 CITY-ST-ZIP
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTOR, JOSEPH	4.2 NAME
STREET ADDRESS	4972 SHORELINE CIRCLE	4.3 STREET ADDRESS
CITY-ST-ZIP	SANFORD FL	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 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, with all other like empowered.

SIGNATURE: *Joseph Kantor* Date: *6/1/99* 407 622 6940

CR2E034 (11/98)