

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

**FILED**  
**Jan 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L51921 (9)**  
 1. Corporation Name  
**F & R DEVELOPMENT CORP.**



Principal Place of Business <b>444 BRICKELL AVE.                  SUITE 1001                  MIAMI FL 33131</b>	Mailing Address <b>444 BRICKELL AVE.                  SUITE 1001                  MIAMI FL 33131-2407</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/19/1990</b>	3a. Date of Last Report <b>03/21/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0186218</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**g. Name and Address of Current Registered Agent**  
**SCHRAM, RONALD Y.**  
**444 BRICKELL AVE.**  
**SUITE 1001**  
**MIAMI FL 33131**

**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 typed or printed name of registered agent and file. (Applicable) (NOTE: Registered Agent Signature Required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>DVS</b>	<input type="checkbox"/>
NAME	<b>SCHRAM, RONALD Y</b>	
STREET ADDRESS	<b>1420 N. OCEAN BLVDE S</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>HESEL, FRANK JAY</b>	
STREET ADDRESS	<b>444 BRICKELL AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/>
NAME	<b>MC GEE, FRANKLIN A</b>	
STREET ADDRESS	<b>444 BRICKELL AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
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	<b>D/V/S</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>D/P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>D/V/T/S</b>	<input checked="" 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			

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]* **F A M. GEE** *1/29/97* **305-277-3342**

CR2E034 (9/96)