

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 17 AM 10:00

DOCUMENT # P94000060543 (3)

1. Corporation Name
MJK DEVELOPMENT, INC.

Principal Place of Business Mailing Address
133451-16 MCGREGOR BLVD. 133451-16 MCGREGOR BLVD.
FORT MYERS FL 33919 FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/17/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	1200 PERTWINKLE WAY	26	1200 PERTWINKLE WAY	65-0513552		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22	# 4	27	# 4	<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23	SANIBEL, FL.	28	SANIBEL, FL.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip					
24	33957	29	33957				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WINER, STEVEN I 12800 UNIVERSITY DR. SUITE 600 FORT MYERS FL 33907				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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLING, MICHAEL L	1.2 NAME	
STREET ADDRESS	13451-16 MCGREGOR BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL 33919	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASEN, MATTHEW	2.2 NAME	
STREET ADDRESS	497 LAKE MUREX CIR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANIBEL FL 33957	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, R. JAMES	3.2 NAME	
STREET ADDRESS	3754 S.E. OCEAN BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34998	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, KIPP	4.2 NAME	
STREET ADDRESS	3754 S.E. OCEAN BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34998	4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 is not attached with an addressee.

SIGNATURE: Michael L. Schilling 3-13-95 813-489-2226
MICHAEL L. SCHILLING