
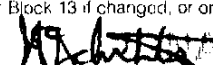


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S00269 (8)			
1. Corporation Name ANDALUSIA WOODS DEVELOPMENT, INC.			
Principal Place of Business 4706A SE 11TH PLACE SUITE 101 CAPE CORAL FL 33904		Mailing Address 4706A SE 11TH PLACE SUITE 101 CAPE CORAL FL 33904	
2. Principal Place of Business 21 3106 TAMiami TR N Suite, Apt. #, etc. 22 Bx 115 City & State 23 NAPLES FL Zip 24 34103		2a. Mailing Address 26 3106 TAMiami TR N Suite, Apt. #, etc. 27 Bx 115 City & State 28 NAPLES FL Zip 29 34103	
3. Date Incorporated or Qualified 09/17/1990		3a. Date of Last Report 03/08/1996	
4. FEI Number 65-0222322		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SCHUCHTER, JOSEPH 4706A SE 11TH PLACE SUITE 101 CAPE CORAL FL 33904		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Box 115 84 City NAPLES FL 85 Zip Code 34103	
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 3. Signature of officer or principal of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
P SCHUCHTER, JOSEPH 4706A SE 11TH PLACE SUITE 101 CAPE CORAL FL		3106 TAMiami TR N. Bx 115 NAPLES FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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:  JOSEPH F. SCHUCHTER 3/25/97 941-261-5139			



CR2E034 (9/96)