
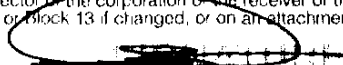


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 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 # 549282 (2) 1. Corporation Name FLO-DEVELOPMENT AND CONSTRUCTION CO.					
Principal Place of Business 316 ROYAL POINCIANA PLAZA P.O. BOX 1059 PALM BEACH FL 33480			Mailing Address 316 ROYAL POINCIANA PLAZA P.O. BOX 1059 PALM BEACH FL 33480-1059		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1977	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1779415	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CARSON, DONALD W. 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480			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 signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	TV	<input type="checkbox"/> DELETE			
NAME	KANAI, DENNIS J.				
STREET ADDRESS	316 ROYAL POINCIANA PLZ.				
CITY - ST - ZIP	PALM BEACH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FANJUL, ALFONSO				
STREET ADDRESS	316 ROYAL POINCIANA PLZ.				
CITY - ST - ZIP	PALM BEACH FL				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	CARSON, DONALD W.				
STREET ADDRESS	316 ROYAL POINCIANA PLZ.				
CITY - ST - ZIP	PALM BEACH FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	FANJUL, JOSE				
STREET ADDRESS	316 ROYAL POINCIANA PLZ.				
CITY - ST - ZIP	PALM BEACH FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	HERNANDEZ, OSCAR R				
STREET ADDRESS	316 ROYAL POINCIANA PLZ.				
CITY - ST - ZIP	PALM BEACH FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	MACIAS, DOMINGO				
STREET ADDRESS	316 ROYAL POINCIANA PLZ.				
CITY - ST - ZIP	PALM BEACH FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:  Dennis J. Kanai, Vice President 3/31/97 561-655-6303					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)