

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

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Apr 23 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 # 617112 (8)
 1. Corporation Name
SHALIMAR DEVELOPMENT CORP.



Principal Place of Business Mailing Address
1270 N EGLIN PARKWAY, STE D
PO BOX 857
SHALIMAR FL 32578
US

3. Date Incorporated or Qualified **04/11/1979** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **13-3001965** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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	PD	<input type="checkbox"/> DELETE
NAME	BEUKEKAMP, FELIX A.	
STREET ADDRESS	101 BAYWIND DR.	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TESSIER, PAUL R.	
STREET ADDRESS	558 CORAL COUART #12	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	STONE, WILLIAM F	
STREET ADDRESS	204 NE BUCK DR	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARUCCI, MICHAEL	
STREET ADDRESS	348 SW MIRACLE STRIP PKWY., STE 39	
CITY-ST-ZIP	FT. WALTON BCH. FL 32548	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Cassady, Paul	
STREET ADDRESS	1041 John Sims PKY	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Niceville FL 32578
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Ft Walton Beach FL 32548
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Ft Walton Beach FL 32548
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 checked="" type="checkbox"/> Addition
5.2 NAME	D Cassady, Paul
5.3 STREET ADDRESS	1041 John Sims PKY
5.4 CITY-ST-ZIP	NICEVILLE FL 32578
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 furnished 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: _____ DATE: **4/17/97** 904-651-8623
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FELIX A. BEUKEKAMP PRESIDENT**

CR2E034 (9/96)