

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

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Jan 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
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DOCUMENT # 821500 (6)

1. Corporation Name
FORT LAUDERDALE & SOUTHERN DEVELOPMENT CORP.



Principal Place of Business 301 SEEBREEZE BLVD. FORT LAUDERDALE FL 33316	Mailing Address % R.G. NEWELL 2555 N.E. 11TH STREET, SUITE 309 FORT LAUDERDALE FL 33304-3210
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3. Date Incorporated or Qualified 06/03/1968	3a. Date of Last Report 08/09/1996
4. FEI Number 34-1023853	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**NEWELL, R. GREG
2555 N.E. 11TH STREET
SUITE 309
FORT LAUDERDALE FL 33304**

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

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WATSON, RICHARD T	
STREET ADDRESS	925 EUCLID AVENUE, SUITE 2000	
CITY-ST-ZIP	CLEVELAND OH 44115	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEWELL, R. GREGG	
STREET ADDRESS	2555 N.E. 11TH STREET, #309	
CITY-ST-ZIP	CLEVELAND OH 44115	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, LYNDA K	
STREET ADDRESS	925 EUCLID AVENUE, SUITE 2000	
CITY-ST-ZIP	CLEVELAND OH 44115	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONSON, JOHN D.	
STREET ADDRESS	1100 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WATSON, RICHARD	
STREET ADDRESS	925 EUCLIO AVE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 provided, or on an attachment with an address.

SIGNATURE: *R. Greg Newell* **27 Jan 97** **954-779-7660**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)