


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

FILED
Apr 29 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 # F03300

1. Corporation Name
NIEMANN WOLTER DEVELOPMENT CORP.

Principal Place of Business / Mailing Address
**12500 HUNTERS RIDGE DR.
 BONITA SPRINGS, FL 34135**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21	12500 HUNTERS RIDGE DR.	26		39-1365286		Applied For <input type="checkbox"/> Not Applicable	
22. State, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Zip	34135	25. Country	USA	29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

BUTLER, GARY
% HUMPHREY + KNOTT, PA
1625 HENRY ST. # 301
FOOT MYERS, FL 33901

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENNIESEA, DIRTEA	1.2 NAME	
STREET ADDRESS	12500 HUNTERS RIDGE DR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	BONITA SPRINGS, FL 34135	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINERT, KIRT A.	2.2 NAME	
STREET ADDRESS	12500 HUNTERS RIDGE DR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	BONITA SPRINGS, FL 34135	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINERT, PATRICK B.	3.2 NAME	
STREET ADDRESS	12500 HUNTERS RIDGE DR.	3.3 STREET ADDRESS	
CITY, ST, ZIP	BONITA SPRINGS, FL 34135	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		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 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:  **23 APRIL 1997** **(94) 992-6061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **PATRICK B. REINERT** Date: _____ Daytime Phone #: _____

CR2E034 (9/96)