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May 01 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 # F65414 (7)

1. Corporation Name
NORRIS AND EWEN DEVELOPMENT, INC.

Principal Place of Business
PET STOP
2731 S. WOODLAND BLVD.
DELAND FL 32720

Mailing Address
2810 CONCORD RD.
DELAND FL 32720-8013



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1982		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2172640		Applied For Not Applicable	
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		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EWEN, ROBERT 2810 CONCORD ROAD DELAND FL 32720				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. 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	P.D.
NAME	NORRIS, KENT S.	1.2 NAME	ROBERT EWEN, ROBERT C.
STREET ADDRESS	4760 NW 2ND TERRACE	1.3 STREET ADDRESS	2810 CONCORD RD.
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	DELAND FL 32720
TITLE	VD	2.1 TITLE	V.D.
NAME	NORRIS, HARDGROVE S.	2.2 NAME	NORRIS, KENT S.
STREET ADDRESS	23 MENENDEZ RD.	2.3 STREET ADDRESS	1760 N.W. 2ND TERRACE
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	STD	3.1 TITLE	S.T.O.
NAME	EWEN, ROBERT C.	3.2 NAME	EWEN, ELIZABETH M.
STREET ADDRESS	2810 CONCORD ROAD	3.3 STREET ADDRESS	2810 CONCORD RD
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	DELAND FL 32720
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____ DATE: 4/22/97

CR2E034 (9/96)