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Apr 30 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 # F96000003737 (1)

1. Corporation Name  
THE GANNON DEVELOPMENT COMPANY

Principal Place of Business  
C/O THE GANNON COMPANIES  
12515 NORTH KENDALL DRIVE SUITE 430  
MIAMI FL 33186

Mailing Address  
C/O THE GANNON COMPANIES  
12515 NORTH KENDALL DRIVE SUITE 430  
MIAMI FL 33186-1853



3. Date Incorporated or Qualified  
07/23/1996

3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 43-1336695		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					
25		30					

9. Name and Address of Current Registered Agent

GREENE, ROBERT  
12515 NORTH KENDALL DRIVE  
SUITE 430  
MIAMI FL 33186

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: *Robert Greene*  
Signature, typed or printed name of registered agent and title if applicable (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	DOUGLAS D. EVERETT V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKE, WILLIAM E	1.2 NAME	12515 N. KENDALL DR.
STREET ADDRESS	49 CRESTWOOD DRIVE	1.3 STREET ADDRESS	MIAMI, FL 33186
CITY - ST - ZIP	ST LOUIS MO 63105	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	BRUCE STODER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIROWITZ, STEVEN	2.2 NAME	12515 N. KENDALL DR.
STREET ADDRESS	20 WESTWOOD COUNTRY CLUB GROUNDS	2.3 STREET ADDRESS	MIAMI, FL 33186
CITY - ST - ZIP	ST LOUIS MO 63131	2.4 CITY - ST - ZIP	
TITLE	VTD	3.1 TITLE	
NAME	SHIPLEY, JOHN W	3.2 NAME	
STREET ADDRESS	8985 WINDOM	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO 63114	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	
NAME	GREENE, ROBERT P	4.2 NAME	
STREET ADDRESS	12541 BENNINGTON PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO 63148	4.4 CITY - ST - ZIP	
TITLE	DV/T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEYGANDT, DAVID W	5.2 NAME	
STREET ADDRESS	28 SOUTH 87TH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEVEILLE IL 62223	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISHON, DIANE E	6.2 NAME	
STREET ADDRESS	4545 BRIARGATE DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST CHARLES MO 63304	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: *DIANE E. DISHON* 4-21-97 314-576-9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)