

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

FILED
May 28 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 # **G79417** (3)
1. Corporation Name
NORTHEAST DEVELOPMENT COMPANY

Principal Place of Business 10501 BRANCHTON CHURCH ROAD THONOTASASSA FL 33592	Mailing Address 10501 BRANCHTON CHURCH ROAD THONOTASASSA FL 33592-2209
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2. Principal Place of Business 21 12001 CORY LAKE BLVD. Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL. Zip Country 24 33647 25 US		2a. Mailing Address 26 12001 CORY LAKE BLVD. Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL. Zip Country 29 33647 30 US		3. Date Incorporated or Qualified 01/16/1984	3a. Date of Last Report 02/06/1996
		4. FEI Number 59-2365526		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent THOMASON, EUGENE E. 10501 BRANCHTON CHURCH ROAD THONOTASASSA FL 33592				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	12001 CORY LAKE BLVD.
				83	
				84 City	TAMPA
				85 Zip Code	FL 33647

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	PST	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMASON, GENE			1.2 NAME			
STREET ADDRESS	10501 BRANCHTON CH. RD.			1.3 STREET ADDRESS	12001 CORY LAKE BLVD.		
CITY-ST-ZIP	THONOTASASSA FL			1.4 CITY-ST-ZIP	TAMPA, FL. 33647		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMASON, GENE			2.2 NAME			
STREET ADDRESS	10501 BRANCHTON CH. RD.			2.3 STREET ADDRESS	12001 CORY LAKE BLVD.		
CITY-ST-ZIP	THONOTASASSA FL			2.4 CITY-ST-ZIP	TAMPA, FL. 33647		
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMASON, GENE			3.2 NAME			
STREET ADDRESS	10501 BRANCHTON CH. RD.			3.3 STREET ADDRESS	12001 CORY LAKE BLVD.		
CITY-ST-ZIP	THONOTASASSA FL			3.4 CITY-ST-ZIP	TAMPA, FL. 33647		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 in an attachment with an address.

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