


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

FILED

May 12 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 # **H27140** (3)
1. Corporation Name
STRATUS DEVELOPMENT, INC.



Principal Place of Business
**8621 E. M.L. KING BLVD. E.
TAMPA FL 33610**

Mailing Address
**8621 E. BUFFALO AVENUE
TAMPA FL 33610**

3. Date Incorporated or Qualified 10/24/1984	3a. Date of Last Report 05/17/1996
4. FEI Number 59-2475455	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 9025 Alonzo Rd Suite, Apt. #, etc.	2a. Mailing Address 26 9025 Alonzo Rd Suite, Apt. #, etc.
22 City & State 23 Riverview, FL	27 City & State 28 Riverview, FL
24 Zip 33569 25 Country USA	29 Zip 33569 30 Country USA

9. Name and Address of Current Registered Agent SWOPE, DALE M. 201 E. KENNEDY BLVD SUITE 1425 TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 777 S. HARBOUR ISLAND BLVD 83 SUITE 850 84 City TAMPA FL 85 Zip Code 33602	
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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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, BRYAN	1.2 NAME	
STREET ADDRESS	8621 E. BUFFALO AVE	1.3 STREET ADDRESS	9025 Alonzo Rd.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, C.W., JR.	2.2 NAME	
STREET ADDRESS	8621 E. BUFFALO AVE	2.3 STREET ADDRESS	9025 Alonzo Rd
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, C.W., SR.	3.2 NAME	
STREET ADDRESS	8621 E. BUFFALO AVE	3.3 STREET ADDRESS	9025 Alonzo Rd
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, JOANNE	4.2 NAME	
STREET ADDRESS	8621 E. BUFFALO AVE	4.3 STREET ADDRESS	9025 Alonzo Rd.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Riverview, FL 33569
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 on an attachment with an address.

SIGNATURE: *Joanne Kearney* **SIGNATURE REQUIRED** 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0623587

CR2E034 (9/96)