


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

FILED

Feb 13 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 # **H30928** (6)

1. Corporation Name
ESTATE DEVELOPMENT OPERATIONS, INC.



Principal Place of Business C/O RALPH HEIM 12669 SHINNECOCK CT JACKSONVILLE FL 32225 US		Mailing Address C/O RALPH HEIM 12669 SHINNECOCK CT JACKSONVILLE FL 32225-4693 US		3. Date Incorporated or Qualified 11/14/1984	3a. Date of Last Report 06/12/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2466369	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. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip	25. Country	29. Zip	30. Country		

9. Name and Address of Current Registered Agent CRAWFORD, JOHN R. 225 WATER STREET, SUITE 900 JACKSONVILLE FL 32202				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEIM, RALPH W., JR.			1.2 NAME			
STREET ADDRESS	12669 SHINNECOCK			1.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			1.4 CITY - ST - ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEIM, RICHARD M.			2.2 NAME			
STREET ADDRESS	PEBBLE BEACH			2.3 STREET ADDRESS			
CITY - ST - ZIP	COTO DE CAZA CA			2.4 CITY - ST - ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOX, CATHERINE L.			3.2 NAME	(new address)		
STREET ADDRESS	252 SPRING FOREST AVE.			3.3 STREET ADDRESS	14202 Saybrook Falls Ct		
CITY - ST - ZIP	JACKSONVILLE FL			3.4 CITY - ST - ZIP	Jacksonville, FL 32224		
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PITTMAN, MARTHA A.			4.2 NAME			
STREET ADDRESS	923 E 36 ST.			4.3 STREET ADDRESS			
CITY - ST - ZIP	TIFTON GA			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 on an attachment with an address.

SIGNATURE *Sandra B. Mortham* 2-9-97 (904) 997-8311

CR2E034 (9/96)