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PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J55356 (6)

1. Corporation Name

LOURAN DEVELOPMENT CO., INC.

Principal Place of Business

690 SW BAYSHORE BLVD
~~205 CHANDLER TERRACE~~
PORT ST LUCIE FL 34983
US

Mailing Address

690 SW BAYSHORE BLVD
~~205 CHANDLER TERRACE~~
PORT ST LUCIE FL 34983
US

3. Date Incorporated or Qualified: 01/29/1987
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business
21 690 SW BAYSHORE BLVD.
Suite, Apt. #, etc
22
City & State
23 PORT ST. LUCIE, FL.
Zip 24 34983 — Country 25 ST. LUCIE

2a. Mailing Address
26 690 SW BAYSHORE BLVD.
Suite, Apt. #, etc
27
City & State
28 PORT ST. LUCIE, FL.
Zip 29 34983 — Country 30 ST. LUCIE

4. FEI Number: 59-2765060 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

FORBIS, LOURENA SUE
~~205 CHANDLER TERRACE~~ 690 SW BAYSHORE BLVD.
PT ST. LUCIE FL ~~33452~~ 34983

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
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	FORBIS, LOURENA SUE	
STREET ADDRESS	2480 SE ROCK SPRINGS DR	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	[ ] DELETE
NAME	VASCELLARO, ANDREW	
STREET ADDRESS	805-10 CENTRAL PARKWAY	
CITY-ST-ZIP	STUART FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS	000001751440	
4.4 CITY-ST-ZIP	-03/25/96--01079--013	
5.1 TITLE	****200.00	[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lourena S Forbis — Lourena S Forbis 3-21-96 (407) 879-3914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SC 3-25-96