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**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

DOCUMENT # K24930

(5)

1. Corporation Name
GARNETT DEVELOPMENT, INC.



Principal Place of Business
**5907 N. OCEAN BLVD.
OCEAN RIDGE FL 33435**

Mailing Address
**5907 N. OCEAN BLVD.
OCEAN RIDGE FL 33435-5245**

3. Date Incorporated or Qualified **05/27/1988** 3a. Date of Last Report **07/31/1996**

| | | | |
|---|--|---|--|
| 2. Principal Place of Business 6000 OLD OCEAN BLVD. | 2a. Mailing Address 6000 OLD OCEAN BLVD. | 4. FEI Number 65-0179601 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State OCEAN RIDGE, FL. | City & State Ocean Ridge, Fl. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 33435 | Country U.S.A. | 29 33435 | 30 33435 |

| | | | |
|--|-----------|--|--|
| 9. Name and Address of Current Registered Agent GARNETT, D. EDWARD J 5907 NORTH OCEAN BLVD. OCEAN RIDGE FL 33435 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 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 | GARNETT, D. EDWARD J. | 1.2 NAME | |
| STREET ADDRESS | 5907 N. OCEAN BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCEAN RIDGE FL | 1.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARNETT, SUSSAN | 2.2 NAME | |
| STREET ADDRESS | 5907 NORTH OCEAN BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCEAN RIDGE FL | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRASE, KENNETH | 3.2 NAME | S GARNETT, SUSAN |
| STREET ADDRESS | 5907 NORTH OCEAN BLVD | 3.3 STREET ADDRESS | 6000 OLD OCEAN BLVD |
| CITY-ST-ZIP | OCEAN RIDGE FL | 3.4 CITY-ST-ZIP | OCEAN RIDGE, FL. 33435 |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KETTERSON, JEFFREY | 4.2 NAME | T GARNETT, SUSAN |
| STREET ADDRESS | 5907 NORTH OCEAN RIDGE | 4.3 STREET ADDRESS | 6000 OLD OCEAN BLVD |
| CITY-ST-ZIP | OCEAN RIDGE FL | 4.4 CITY-ST-ZIP | OCEAN RIDGE, FL. 33435 |
| 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: *Edward J. Garnett* April 21, 1997 561-3759401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)