

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

FILED
Feb 18 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 # **K66524** (5)
1. Corporation Name
H & L DEVELOPERS, INC.

Principal Place of Business RIVER HILLS COMMUNITY VALRICO FL 33594 US	Mailing Address 550 PINETOWN RD. SUITE 400 FT. WASHINGTON PA 19034-2695 US
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3. Date Incorporated or Qualified 02/17/1989	3a. Date of Last Report 02/06/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 52-1612736 Applied For Not Applicable	5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent LAESSIG, RONALD W. 5119 FAIRWAY ONE DRIVE VALRICO FL 33594	10. Name and Address of New Registered Agent 81 Name Ronald J. Laessig 82 Street Address (P.O. Box Number is Not Acceptable) 4313 Auston Way 83 84 City Palm Harbor FL 85 Zip Code 34685
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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 *Ronald J. Laessig* 2/14/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD <input type="checkbox"/> DELETE NAME LAESSIG, RONALD W. STREET ADDRESS 5119 FAIRWAY ONE DRIVE CITY-ST-ZIP VALRICO FL	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Ronald W. Laessig 1.3 STREET ADDRESS 550 Pinetown RD., Suite 400 1.4 CITY-ST-ZIP Fort Washington, PA 19034
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 # changed, or on an attachment with an address.

SIGNATURE: *Ronald J. Laessig* 2/14/97 (215) 283-9300

CR2E034 (9/96)