

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

FILED

Apr 14 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 # K68663 (9)

1. Corporation Name
PLW DEVELOPMENT CORPORATION



Principal Place of Business 8416 CESSNA DR NEW PORT RICHEY FL 34654	Mailing Address 8416 CESSNA DR NEW PORT RICHEY FL 34654-5202
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3. Date Incorporated or Qualified 02/27/1989	3a. Date of Last Report 05/14/1996
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2. Principal Place of Business 21 11 Golden Autumn Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 29605 U.S. Hwy 19 N. Suite, Apt. #, etc.	4. FEI Number 59-2933436	Applied For <input type="checkbox"/> Not Applicable
22 Dahlonega, GA City & State	27 Suite 250 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 30523 Zip GA Country	28 Clearwater, FL City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 30523 Zip	29 34621 Zip	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WILLIAMS, HARRISON D. 8416 CESSNA DR NEW PORT RICHEY FL 34654	10. Name and Address of New Registered Agent 81 Name William R. Wallace 82 Street Address (P.O. Box Number is Not Acceptable) 29605 U.S. Hwy 19 N. 83 Suite 250 84 City Clearwater FL 85 Zip Code 34621
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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: William R. Wallace DATE: 3/27/97

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 WILLIAMS, HARRISON D.		1.2 NAME	
STREET ADDRESS 8416 CESSNA DR		1.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, PATRICIA L.		2.2 NAME	
STREET ADDRESS 8416 CESSNA DR		2.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: Harrison D. Williams DATE: 3/17/97

CR2E034 (9/96)