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May 15 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 # **K77757** **(8)**

1. Corporation Name
W & W DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
2990 S FISKE BLVD #D-1 ROCKLEDGE FL 32955 US	2990 S FISKE BLVD #D-1 ROCKLEDGE FL 32955-3900 US

2. Principal Place of Business
21 _____
Suite, Apt. #, etc.
22 _____
City & State
23 _____
Zip 24 _____ Country 25 _____

2a. Mailing Address
26 _____
Suite, Apt. #, etc.
27 _____
City & State
28 _____
Zip 29 _____ Country 30 _____

3. Date Incorporated or Qualified: **04/04/1989**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-2960861** [ ] 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
BARNAVON, BOAZ
1356 RICHWOOD CIRCLE
ROCKLEDGE FL 32955

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 mailed or hand delivered)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	WALSER, WILHELM A.		1.2 NAME		
STREET ADDRESS	2990 S FISKE BLVD #D-1		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP		
TITLE	VAS	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	WALSER, WILHELM A.		2.2 NAME		
STREET ADDRESS	2990 S FISKE BLVD #D-1		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	URSCHELER, WALTER		3.2 NAME		
STREET ADDRESS	2990 S FISKE BLVD #D1		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		3.4 CITY-ST-ZIP		
TITLE	PST	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	URSCHELER, WALTER		4.2 NAME		
STREET ADDRESS	2990 S FISKE BLVD #D-1		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 added in an attachment with an address.

SIGNATURE: _____ 4/28/97