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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03889

(7)

J.F.S. DEVELOPMENT CORPORATION

FILED Apr 08 1997 8:00am Secretary of State

Principal Piace of Business 4500 EXECUTIVE DRIVE STE 300 NAPLES FL 33999 US		Mailing Address 4500 EXECUTIVE DRIVE STE 300 NAPLES FL 34119-8508 US			3. Date Incorporated or Qualified 3s. Date of Last Report 07/24/1989 04/30/1996			
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	1 0 1/0		polied For
21		26		0= 0400500		ot Applicable		
Suite Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional	
22		27			S. Continuate of Course Desired		Fee R	equired
City & Sta	ite	City & State			6. Election Campaign Financing	_		May Be
23	Country	28	Coun	te.	Trust Fund Contribution			to Fees
Zip	Country [25]	Zip	30	.ry	This corporation has liability f Florida Statutes	or intangible		s. 199.032,
24	9. Name and Address of Curi	29 rent Registered Agent	[30]		10. Name and Address of New			
HOL	INSON, ROBERT W., JR.			1 Name	NET KELLY			
	O EXECUTIVE DRIVE		ļ.,					
	PLES FL 33999			Street Ad	Idress (P.O. Box Alumber is Not Accept			
			1		1117E 300	ν		
ļ			ļ.,				TEST TO	0-4-
			ľ	City N	MPKES	FL	85 32	4719
SIGNATURE 12. THUE NAME	OP HARDY, ROBERT S.	egent and their applicable AND DIRECTORS DELETE	(NOTE Registered 13. 1.1 TITU 1.2 NAM	E HE	ADDITIONS/CHANGES TO OF		Change	RS IN 12 Addition
STREET ADDRESS	NAPLES FL			EET ADDRESS	MAPLE FOR ZO	<i>611 0</i> 5		
CHY-S1-7IF	V	₩ DELETE	2.1 TITL	r-ST-ZIP	ROBERT PAUL BYAYSOO EXECUTIVES		Change	Addition
NAMÉ	SHIELDS, JAMES E.		2.2 NAN	le	ROBERT PAUL BYA	My_		24-0
STREET ADDRESS	ACAA EVEALITHE DOLLE			EET ADDRESS	4500 EXECUTIVE Y	RIVE	SE	<i>\$</i>
CITY - ST - ZIP	NAPLES FL			Y-ST-ZIP	NAPRES PE 39	7/17		
TITLE	ST	DELETE					Change	Addition
NAME	JOHNSON, ROBERT W. JR.	,	32 NAN	IE .				
STREET ADDRESS	4500 EXECUTIVE DRIVE		3.3 STR	EET ADDRESS				
CHIM ST ZIP	NAPLES FL		3.4. CIT	Y-ST-ZIP				
TRUE		DELETE	4.1 TITL	E			Change	Addition
NAME			4. 2 NA	AE	,			
STREET ADDRESS			4.3 STR	EET ADDRESS				
C(1 y - S1 - ZIP			4.4 CHTs	-ST-ZIP				
TILE		DELETE	5.1 TITL	E			Change	Addition
NAME			5.2 NAN	Æ				
STREET ADDAESS			5.3 STR	EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
Talle		DELETE	61 TITL	E			Change	Addition
NAME			6.2 NAM	Æ Å				
STREET ADDRESS			6.3 STR	EFF ADDRESS				
CHY-ST 7IP			6.4 CITY	-ST-ZIP				

I. 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:

MATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/9> (94)5-97-906/