

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M68967 (2)

1. Corporation Name
HEXAGON DEVELOPMENT GROUP, INC.



Principal Place of Business: **4477 SOARING EAGLE DR. FT. MYERS FL 33912**
Mailing Address: **4477 SOARING EAGLE DR. FT. MYERS FL 33912 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qual-Fed	3a. Date of Last Report
21	26235 Hickory Blvd	26	P.O. Box 2411	02/19/1988	08/17/1995
22	Suite, Apt. # etc # 2D	27	Suite, Apt. #, etc	4. FEI Number	Applied For / Not Applicable
23	City & State BONITA SPRINGS, FL	28	City & State BONITA SPRINGS, FL	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 34134	29	Zip 34133	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country USA	30	Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MURTY, TIMOTHY J. ESQ. 1633 PERIWINKLE WAY, SUITE A SANIBEL FL 33957				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT	12 NAME	
STREET ADDRESS	12734 KENWOOD LANE STE65	13 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, JAMES H.	22 NAME	EATON, JAMES H.
STREET ADDRESS	12734 KENWOOD LANE STE65	23 STREET ADDRESS	26235 HICKORY BLVD #2D
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	BONITA SPRINGS, FL 34133
TITLE	DS <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURTY, TIMOTHY J.	32 NAME	MURTY, TIMOTHY J.
STREET ADDRESS	1233 PERIWINKLE WAY	33 STREET ADDRESS	1633 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL FL	34 CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELO, JOSEPH	42 NAME	ANGELO, JOSEPH
STREET ADDRESS	12734 KENWOOD LANE STE65	43 STREET ADDRESS	4811 STATE AVE #2
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP	KENOSHA, WI 53144
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLETTE, DARRELL	52 NAME	GILLETTE, DARRELL
STREET ADDRESS	12734 KENWOOD LANE STE65	53 STREET ADDRESS	5148 N. MONTEREY
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	NORRIDGE, IL 60060
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, JOHN	62 NAME	DONNELLY, JOHN
STREET ADDRESS	CARNATION AVE	63 STREET ADDRESS	211 CARNATION AVE
CITY-ST-ZIP	FLORAL PARK NY	64 CITY-ST-ZIP	FLORAL PARK, N.Y. 11011

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1907(3)(k), 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 of an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **James H. Eaton, JAMES H. EATON** 7/20/96 941-637-8327

CR2E034 (3/96)