


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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M68967
 1. Corporation Name
HEXAGON DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1633 PERIWINKLE WAY Suite, Apt. #, etc. 22 A City & State 23 SANIBEL, FL Zip 24 33957	2a. Mailing Address 26 1633 PERIWINKLE WAY Suite, Apt. #, etc. 27 A City & State 28 SANIBEL, FL Zip 29 33957	Country 25 LEE	Country 30 LEE	3. Date Incorporated or Qualified 2/19/88	4. FEI Number 65-0039080 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

TIMOTHY J. MURTY, ESQ.
 1633 PERIWINKLE WAY, SUITE A
 SANIBEL, FL 33957

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	TIMOTHY J. MURTY
STREET ADDRESS		13 STREET ADDRESS	1633 PERIWINKLE WAY, SUITE A
CITY-ST-ZIP		14 CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	<input type="checkbox"/> DELETE	21 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	DARREL GILLETTE
STREET ADDRESS		23 STREET ADDRESS	5148 N. MONTEREY
CITY-ST-ZIP		24 CITY-ST-ZIP	NORRIDGE, IL 60656
TITLE	<input type="checkbox"/> DELETE	31 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	DARLA SWAB
STREET ADDRESS		33 STREET ADDRESS	3001 TAMIAMI TRAIL N
CITY-ST-ZIP		34 CITY-ST-ZIP	NAPLES, FL 34103
TITLE	<input type="checkbox"/> DELETE	41 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	JAMES H. EATON
STREET ADDRESS		43 STREET ADDRESS	26235 HICKORY BLVD #2D
CITY-ST-ZIP		44 CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	<input type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	JOHN DONNELLY
STREET ADDRESS		53 STREET ADDRESS	211 CARNATION AVE
CITY-ST-ZIP		54 CITY-ST-ZIP	FLORAL PARK NY 11001
TITLE	<input type="checkbox"/> DELETE	61 TITLE	50000247928 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	-04/06/98--01018--01
STREET ADDRESS		63 STREET ADDRESS	***150.00
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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: TIMOTHY J. MURTY, PRES. *[Signature]* 941-472-1000 3/19/98

CR2E034 (10/97)