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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 # M75057 (3)

1. Corporation Name
LOWELL DEVELOPMENT CORP.



Principal Place of Business Mailing Address
C/O KATHERINE NOLTING, LOWELL HOMES C/O KATHERINE NOLTING, LOWELL HOMES
1451 SOUTH MIAMI AVENUE 1451 SOUTH MIAMI AVENUE
MIAMI FL 33130 MIAMI FL 33130-4316

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 80th Southwest 8th Street		26 80th Southwest 8th Street		04/04/1988		05/30/1996	
22 Suite 1870		27 Suite 1870		4. FEI Number		Applied For	
City & State		City & State		65-0051119		Not Applicable	
23 Miami FL		28 Miami FL		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33130		29 33130		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

KAHN, S. LAWRENCE III
1451 SO MIAMI AVE
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
80th Southwest 8th Street
83 Suite 1870
84 City
Miami FL 85 Zip Code
33130

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]* DATE: 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DPS
NAME	KAHN, S. LAWRENCE III	1.2 NAME	
STREET ADDRESS	1451 S. MIAMI AVENUE	1.3 STREET ADDRESS	80th Southwest 8th Street, Suite 1870
CITY-STATE-ZIP	MIAMI FL 33130	1.4 CITY-STATE-ZIP	Miami FL 33130
TITLE	VST	2.1 TITLE	VST
NAME	HEARNE, ALAN	2.2 NAME	Hearne, Alan
STREET ADDRESS	1451 S MIAMI AVENUE	2.3 STREET ADDRESS	80th Southwest 8th Street, Suite 1870
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	Miami FL 33130
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: *[Signature]* DATE: 4/30/97 DAYTIME PHONE: (305) 577-8550

CR2E034 (9/96)