


FILED

Feb 18 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 # M98860				(3)	
1. Corporation Name HAWK'S CAY DEVELOPMENT, INC.					
Principal Place of Business C/O DONALD H. JOHNSON 150 E. SAMPLE RD., SUITE 200 POMPANO BEACH FL 33064			Mailing Address C/O DONALD H. JOHNSON 150 E. SAMPLE RD., SUITE 200 POMPANO BEACH FL 33064-3550		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		25 Country		28 Zip	
24		25		30 Country	
9. Name and Address of Current Registered Agent					
JOHNSON, DONALD H. 150 E. SAMPLE RD SUITE 200 POMPANO BEACH FL 33064				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		1.5 CITY-ST-ZIP		1.6 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.5 CITY-ST-ZIP		2.6 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.5 CITY-ST-ZIP		3.6 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.5 CITY-ST-ZIP		4.6 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.5 CITY-ST-ZIP		5.6 CITY-ST-ZIP	
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.5 CITY-ST-ZIP		6.6 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

2-10-97

Date \_\_\_\_\_

Daytime Phone #

0148313