

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

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**Apr 25 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P93000018310 (1)**  
1. Corporation Name  
**TEQUESTA DEVELOPMENT, INC.**



Principal Place of Business: 501 BRICKELL KEY DR. #102 % GREGG E. TOLAND MIAMI FL 33131  
Mailing Address: 501 BRICKELL KEY DR. #102 % GREGG E. TOLAND MIAMI FL 33131-2617

3. Date Incorporated or Qualified: 03/10/1993  
3a. Date of Last Report: 04/05/1996  
4. FEI Number: 65-0401458  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: TOLAND, GREGG E, 501 BRICKELL KEY DR. #102 MIAMI FL 33131

10. Name and Address of New Registered Agent (81-85)

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) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KERR, KEITH G	
STREET ADDRESS	501 BRICKELL KEY DR., #102	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOLAND, GREGG L	
STREET ADDRESS	501 BRICKELL KEY DR., #102	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWENS, STEPHEN L	
STREET ADDRESS	501 BRICKELL KEY DR., #102	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, J. MEGAN	
STREET ADDRESS	501 BRICKELL KEY DR., #102	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE	O	<input type="checkbox"/> DELETE
NAME	CARBY, BEVERLY C	
STREET ADDRESS	501 BRICKELL KEY DRIVE #102	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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\*\*\*330.00

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: \_\_\_\_\_ DATE: \_\_\_\_\_ DAY: ME: \_\_\_\_\_

CR2E034 (9/96)