

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000087910 (4)

1. Corporation Name
PIER B DEVELOPMENT CORP.



Principal Place of Business: 201 FRONT STREET STE 102 KEY WEST FL 33040 US
Mailing Address: 201 FRONT STREET STE 102 KEY WEST FL 33040 US

3. Date Incorporated or Qualified: 12/27/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0478846
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
2a. Mailing Address: 26 P.O. Box 4727
22. Suite, Apt. #, etc.: 27
23. City & State: 28 Portsmouth, NH
24. Zip: 25 Country: 29 0380a 30 Country

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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: _____ DATE: _____
Signature typed or printed name of registered agent or filer (Applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P.
NAME	WALSH, MARK	1.2 NAME	Walsh, Mark
STREET ADDRESS	1755 NORTH CONGRESS AVE.	1.3 STREET ADDRESS	1100 Linton Blvd Ste CA
CITY-ST-ZIP	BOYNTON BEACH FL 33426	1.4 CITY-ST-ZIP	Delray Beach FL 33444
TITLE	VT	2.1 TITLE	VT.
NAME	WALSH, MICHAEL	2.2 NAME	Walsh, Michael
STREET ADDRESS	1755 N. CONGRESS AVE.	2.3 STREET ADDRESS	1100 Linton Blvd Ste CA
CITY-ST-ZIP	BOYNTON BEACH FL 33426	2.4 CITY-ST-ZIP	Delray Beach FL 33444
TITLE	V	3.1 TITLE	V
NAME	WALSH, WILLIAM	3.2 NAME	Walsh, William
STREET ADDRESS	1755 N. CONGRESS AVE.	3.3 STREET ADDRESS	One Cate St., Ste. 3
CITY-ST-ZIP	BOYNTON FL 33426	3.4 CITY-ST-ZIP	Portsmouth, NH 03801
TITLE	V	4.1 TITLE	V
NAME	MCMURRAIN, THOMAS T	4.2 NAME	McMurray, Thomas T.
STREET ADDRESS	1755 N. CONGRESS AVE.	4.3 STREET ADDRESS	1100 Linton Blvd Ste CA
CITY-ST-ZIP	BOYNTON BEACH FL 33426	4.4 CITY-ST-ZIP	Delray Beach FL 33444
TITLE	S	5.1 TITLE	S.
NAME	CRITCHFIELD, RICHARD H	5.2 NAME	Critchfield, Richard
STREET ADDRESS	1755 N. CONGRESS AVE.	5.3 STREET ADDRESS	1100 Linton Blvd
CITY-ST-ZIP	BOYNTON BEACH FL 33426	5.4 CITY-ST-ZIP	Delray Beach FL 33444
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL WALSH

427-96 4072799900
Date: Telephone #

CR2E034 (12/95)