
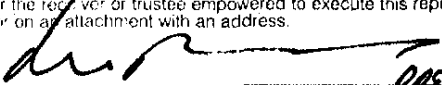


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 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 # P94000052799 (1)					
1. Corporation Name VINTAGE BAY DEVELOPM ENT CORPORATION					
Principal Place of Business 1400 Gulfshore Blvd. Ste. 223 Naples, Florida 34102			Mailing Address		
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 7/18/94
21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip		28	Zip	
24	Country		29	Country	
9. Name and Address of Current Registered Agent PFEUFFER, WILLIAM A. 1124 Goodlette Rd. Naples, FL 34102			10. Name and Address of New Registered Agent		
			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	
			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 _____ (NOTE: Registered Agent's signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
1.1	NAME		1.1 TITLE		
1.2	STREET ADDRESS		1.2 NAME		
1.3	CITY - ST - ZIP		1.3 STREET ADDRESS		
1.4	CITY - ST - ZIP		1.4 CITY - ST - ZIP		
2.1	NAME		2.1 TITLE		
2.2	STREET ADDRESS		2.2 NAME		
2.3	CITY - ST - ZIP		2.3 STREET ADDRESS		
2.4	CITY - ST - ZIP		2.4 CITY - ST - ZIP		
3.1	NAME		3.1 TITLE		
3.2	STREET ADDRESS		3.2 NAME		
3.3	CITY - ST - ZIP		3.3 STREET ADDRESS		
3.4	CITY - ST - ZIP		3.4 CITY - ST - ZIP		
4.1	NAME		4.1 TITLE		
4.2	STREET ADDRESS		4.2 NAME		
4.3	CITY - ST - ZIP		4.3 STREET ADDRESS		
4.4	CITY - ST - ZIP		4.4 CITY - ST - ZIP		
5.1	NAME		5.1 TITLE		
5.2	STREET ADDRESS		5.2 NAME		
5.3	CITY - ST - ZIP		5.3 STREET ADDRESS		
5.4	CITY - ST - ZIP		5.4 CITY - ST - ZIP		
6.1	NAME		6.1 TITLE		
6.2	STREET ADDRESS		6.2 NAME		
6.3	CITY - ST - ZIP		6.3 STREET ADDRESS		
6.4	CITY - ST - ZIP		6.4 CITY - ST - 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: Avi Baron  4/23/97 941-261-7117					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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