

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

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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra R. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000062722 (1)

1. Corporation Name

MCDONALD DEVELOPMENT ENTERPRISES, INC.



Principal Place of Business 6015 S. CARTER ROAD LAKELAND FL 33812	Mailing Address P.O. BOX 2218 LAKELAND FL 33806-2218
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3. Date Incorporated or Qualified 08/25/1994	3a. Date of Last Report 04/17/1996
4. FEI Number 59-3264080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1300 Eaglebrooke Blvd Suite, Apt. #, etc. 22 City & State 23 Lakeland, FL Zip 24 33813 Country 25 Polk	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent JACOBS, DALE G 3730 CLEVELAND HEIGHTS BLVD LAKELAND FL 33813	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 FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MCDONALD, PAUL	1.2 NAME	
STREET ADDRESS	5610 S. FLORIDA AVE.	1.3 STREET ADDRESS	5610 S. Florida Ave
CITY - ST - ZIP	LAKELAND FL	1.4 CITY - ST - ZIP	Lakeland, FL 33813
TITLE	VP	2.1 TITLE	
NAME	LIBERTORE, LARRY J	2.2 NAME	
STREET ADDRESS	3730 CLEVELAND HEIGHTS BLVD.	2.3 STREET ADDRESS	900 Eaglebrooke Blvd
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	Lakeland, FL 33813
TITLE	ST	3.1 TITLE	
NAME	JACOBS, DALE G.	3.2 NAME	
STREET ADDRESS	P.O. BOX 2537	3.3 STREET ADDRESS	3730 Cleveland Heights Blvd
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	Lakeland, FL 33813
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/11/97 941-648-1877
Date Daytime Phone #
0392496

CR2E034 (9/96)