

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

FILED

Apr 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P94000067534 (5)**

1. Corporation Name

**FAKAHATCHEE RESOURCES, INC.**



Principal Place of Business

Mailing Address

**4500 EXECUTIVE DR  
NAPLES FL 33999**

**4500 EXECUTIVE DR  
SUITE 300  
NAPLES FL 34119-8908  
US**

3. Date Incorporated or Qualified  
**09/14/1994**

3a. Date of Last Report  
**04/23/1996**

2. Principal Place of Business

2a. Mailing Address

21 **4500 EXECUTIVE DR.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 300**

27

City & State

City & State

23 **NAPLES FL**

28

Zip

Zip

24 **34119**

Country

29

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALVATORI, LEO J  
4501 TAMiami TRAIL N  
SUITE 300  
NAPLES FL 33999**

81 Name **JANET KELLY**

82 Street Address (P.O. Box Number is Not Acceptable) **4500 EXECUTIVE DR. SUITE 300**

83 **SUITE 300**

84 City **NAPLES**

FL

85 Zip Code **34119**

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

*[Signature]* Janet Kelly

*[Signature]* 3/19/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARDY, ROBERT P	
STREET ADDRESS	28999 BONITA GRANDE DR	
CITY - ST - ZIP	NAPLES FL	
TITLE	VPST	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL, SHANNON	
STREET ADDRESS	4500 EXECUTIVE DR., 3300	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDY, ROBERT S	
STREET ADDRESS	6289 BURNHAM ROAD	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARDY, ROBERT PAUL	
1.3 STREET ADDRESS	4500 EXECUTIVE DR. STE 300	
1.4 CITY - ST - ZIP	NAPLES FL 34119-8908	
2.1 TITLE	VPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KELLY, JANET	
2.3 STREET ADDRESS	4500 EXECUTIVE DR STE 300	
2.4 CITY - ST - ZIP	NAPLES FL 34119-8908	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HARDY, ROBERT S.	
3.3 STREET ADDRESS	4500 EXECUTIVE DR STE 300	
3.4 CITY - ST - ZIP	NAPLES FL 34119-8908	
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		

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]* Janet Kelly

Treasurer

3/19/97 (941) 597-9061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0415920

CR2E034 (9/96)