

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

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Feb 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000076754 (8)**

1. Corporation Name  
**M.K. DEVELOPERS OF WYNDEMERE, INC.**



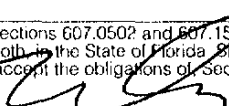
Principal Place of Business <b>2375 N TAMiami TRAIL SUITE 208 NAPLES FL 33940</b>	Mailing Address <b>2375 N TAMiami TRAIL SUITE 208 NAPLES FL 34103-4439</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>3838 TAMiami TR. N., #410</b> 23 City & State <b>NAPLES, FL</b> 24 Zip <b>34103</b> 25 Country <b>USA</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>3838 TAMiami TR. N., #410</b> 28 City & State <b>NAPLES, FL</b> 29 Zip <b>34103</b> 30 Country <b>USA</b>
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3. Date Incorporated or Qualified <b>10/19/1994</b>	3a. Date of Last Report <b>01/24/1996</b>
4. FEI Number <b>65-0542732</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SALVATORI, LEO J 4501 TAMiami TRAIL N SUITE 300 NAPLES FL 33940-3060</b>	10. Name and Address of New Registered Agent 81 Name <b>J. THOMAS CONROY, III</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>975-6TH AVENUE SO.</b> 83 SUITE 101 84 City <b>NAPLES</b> 85 Zip Code <b>FL 33940</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: **2/7/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTSD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KESSOUS, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>2375 TAMiami TR N #208</b>	1.3 STREET ADDRESS	<b>3838 TAMiami TR. N., #410</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>NAPLES, FL 34103</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: **1-23-97** Daytime Phone #: **941-6491230**

CR2E034 (9/96)