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PROFIT CORPORATION ANNUAL REPORT 1996



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

05/18/97 PM 2:34

FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000043071
 1. Corporation Name
FISHER ISLAND DEVELOPMENT CORP.

3000043071003
 -07/13/96-01000-000
 ****225.00 ****225.00

Principal Place of Business Mailing Address
FLORIDA CORPORATE SUPPORT, INC. SAME
200 EAST ROBINSON STREET
SUITE 500
ORLANDO, FLORIDA 32801

8. Date Incorporated or Qualified **05/26/95** 9a. Date of Last Report **N/A**
 4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **SOAVE CENTER** 26 **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **37067 SAN BONIFACTIO** 27
 City & State City & State
 23 **VERONA** 28
 Zip Country Zip Country
 24 **ITALY** 29

9. Name and Address of Current Registered Agent
FLORIDA CORPORATE SUPPORT, INC.
200 EAST ROBINSON STREET
SUITE 500
ORLANDO, FLORIDA 32801

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **200001918762**
 -07/13/96-01001-004
 84 City **ITALY** ***225.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	BRUNO DOMENICHINI
CITY- ST- ZIP		1.4 CITY- ST- ZIP	SOAVE CENTER, 37067 SAN BONIFACTIO
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VICE PRESIDENT
STREET ADDRESS		2.3 STREET ADDRESS	CLEMENTE CORBIOLI
CITY- ST- ZIP		2.4 CITY- ST- ZIP	SOAVE CENTER, 37067 SAN BONIFACTIO
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VICE PRESIDENT
STREET ADDRESS		3.3 STREET ADDRESS	ATTILIO GANDINI
CITY- ST- ZIP		3.4 CITY- ST- ZIP	SOAVE CENTER, 37067 SAN BONIFACTIO
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SECRETARY AND TREASURER
STREET ADDRESS		4.3 STREET ADDRESS	DINA TOMMASI
CITY- ST- ZIP		4.4 CITY- ST- ZIP	SOAVE CENTER, 37067 SAN BONIFACTIO
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DIRECTOR
STREET ADDRESS		5.3 STREET ADDRESS	FRANCESCO CALDOGNO
CITY- ST- ZIP		5.4 CITY- ST- ZIP	SOAVE CENTER, 37067 SAN BONIFACTIO
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 is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(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: _____ Date **07-12-96** Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR
BRUNO DOMENICHINI, PRESIDENT 011-39-456102615

CF2E034 (12/95)