

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000054940 (8)
 1. Corporation Name
COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business 2100 24TH STREET SOUTHWEST LARGO FL 34644-1745	Mailing Address POB 22791 TAMPA FL 33622 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3813 N. NEBRASKA AVENUE 26	2a. Mailing Address Suite, Apt. #, etc.
22 City & State 23 TAMPA, FL 28	City & State
24 Zip 33603-5015 25 Country USA 29	30 Country

3. Date Incorporated or Qualified 07/17/1995	
4. FEI Number 59-3325555	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEEKs, MICHAEL D 2100 24TH STREET S.W. LARGO FL 34644	
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10. Name and Address of New Registered Agent	
81 Name MICHAEL D. LEEKS	
82 Street Address (P.O. Box Number is Not Acceptable) 3813 N. NEBRASKA AVENUE	
83	
84 City TAMPA 85 Zip Code FL 33603	

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 MICHAEL D. LEEKS, VP Michael D. Leeks 4-23-98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> DELETE
NAME	HILLS, TRAVIS E
STREET ADDRESS	2100 24TH STREET SOUTHWEST
CITY-ST-ZIP	LARGO FL 34644-1745
TITLE	VTD <input type="checkbox"/> DELETE
NAME	LEEKs, MICHAEL D
STREET ADDRESS	2100 24TH STREET SOUTHWEST
CITY-ST-ZIP	LARGO FL 34644-1745
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HILLS, TRAVIS E.
1.3 STREET ADDRESS	3813 N. NEBRASKA AVENUE
1.4 CITY-ST-ZIP	TAMPA, FL 33603-5015
2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEEKs, MICHAEL D.
2.3 STREET ADDRESS	3813 N. NEBRASKA AVENUE
2.4 CITY-ST-ZIP	TAMPA, FL 33603-5015
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: Michael D. Leeks MICHAEL D. LEEKS 4-23-98 (F13) SFL-5863

CR2E034 (10/97)