

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000062332 (8)

1. Corporation Name
DOMINION DEVELOPMENT CORPORATION

Principal Place of Business
2201 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address
P O BKO 2105
PONTE VEDRA BEACH FL 32004
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/11/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-3331313		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRANT, MOORE SAPP, MACDONALD & WELLS, P.A.
50 NORTH LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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, typed or printed name of registrant agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASHOU, JOHN	1.2 NAME	
STREET ADDRESS	2201 SAWGRASS VILLAGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALASKI, EDWIN	2.2 NAME	
STREET ADDRESS	95 PLAYERS CLUB VILLAS	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASHOU, JAMES	3.2 NAME	
STREET ADDRESS	2201 SAWGRASS VILLAGE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	AVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASHOU, BRAHIM J	4.2 NAME	
STREET ADDRESS	2201 SAWGRASS VILLAGE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASHOU, CATHERINE N	5.2 NAME	
STREET ADDRESS	2201 SAWGRASS VILLAGE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	5.4 CITY-ST-ZIP	
TITLE		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 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]

[Signature]

JOHN KASHOU

4-30-98

904/285-0550

CR2E034 (10/97)