

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000028991 (3)

1. Corporation Name
BLUEBRIER DEVELOPMENT COMPANY

Principal Place of Business
4500 PGA BLVD., STE. 400
PALM BEACH GARDENS FL 33418

Mailing Address
4500 PGA BLVD., STE. 400
PALM BEACH GARDENS FL 33418-9965



3. Date Incorporated or Qualified 04/01/1996
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0660277		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		Yes No	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

DIVOSTA, OTTO B
4500 PGA BLVD., STE. 400
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIVOSTA, OTTO B	1.2 NAME	Kairalla, Robert S.
STREET ADDRESS	4500 PGA BLVD., STE. 400	1.3 STREET ADDRESS	4500 PGA Boulevard, Suite 400
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33418
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Shannon, William E.
STREET ADDRESS		2.3 STREET ADDRESS	4500 PGA Boulevard, Suite 400
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33418
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Owen, Jack B. Jr.
STREET ADDRESS		3.3 STREET ADDRESS	4500 PGA Boulevard, Suite 400
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33418
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: Robert S. Kairalla 1/22/97 (561) 627-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)