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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

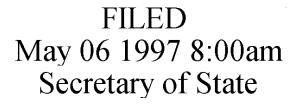
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ARK DEVELOPMENT, INC.

Principal	Place	of Busin	oss

Mailing Address

DOCT OFFICE DOV 1794





FORT MYERS FL 33907		FORT MYERS FL 33902-1724					
					3. Date Incorporated or Qualified 04/10/1996	3a, Date of Last Report	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		65-0667984	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional			
#24		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
		28	······································		Trust Fund Contribution Added to Fees		
Zip	Country	Z ip	Count	iry	8. This corporation has liability for inlangible tax under s. 199.032,		
24	9. Name and Address of Curren	29	30	Florida Statutes Yes X No 10, Name and Address of New Registered Agent			
PE^I	KER & POLIAKOFF, P.A.	it negistered Agent		1 Name			
	5 BELL TOWER DRIVE		L	AHMAU K. KAKEH			
	E 101		82 Street Address		ss (P.O. Box Number is Not Acceptable)		
	T MYERS FL 33907		8	3	10000	6 12 24	
FOR	I MILIO I L 33501		Ľ	134	42 Colonial Boulevard		
*10 H				84 City Fort Myers FL 85 Zip Code 33907			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	les, the abo	ve-named cor	poration submits this statement for the lation's board of directors. I hereby acce	ourpose of changing its registered	
agent. La	registered agent, or both, in the State im familiar with, and accept the obligi	of Florida, Such change was ations of, Section 607.0505, FI	authorized orida Statut	by the corpora les.	ation's board of directors, I hereby acce	pt the appointment as registered	
SIGNATURE	Ahmad R. Kareh	President -	Ahn	with the	111	4/26/1997	
	Signature, typod or printed name of registered age	ent and blie if applicable (NOI	f. Registered /	igent signature requ	rred when reinstating)		
12,	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	KAREH, AHMAD R	[_] DELETE	1.1 101.8	1		Change Addition	
NAME	POST OFFICE BOX 1724		1.2 NAM				
STREET ADDRESS	FORT MYERS FL 33902			E1 ADDRESS			
CITY-ST-ZIP	TOTT MILITOTE 00802	☐ DELE1E	2.1 TITLE	- \$1 - ZIP		Change Addition	
NAME		_ otteric	2.1 MAM	İ			
STREET ADDRESS				ET ADDRESS		}	
CITY-ST-ZIP			1	r-ST-ZIP	•		
TITLE		DELETE	3 1 TITU			Change Addition	
NAME		_	32 NAM	ł		22	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			•	r-SI-ZIP			
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAN	AE			
STREET ADDRESS			4.3 S1RE	(1 ADDRESS			
CITY-ST-ZIP			4.4 CITY	- S1 - ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAM	F			
STREET ADDRESS			53 STAC	ET ADDRESS			
CITY-ST-ZIP			5.4 €ITY	-ST - ZiP			
TITLE		DELETE	6.17ITL	· I		Change Addition	
NAME			6.2 NAM	ŧ [
STREET ADDRESS			6.3 STRE	£1 ADDRESS		;	
CITY-ST-ZIP			6.4 ICHTY	- ST- ZIP			

14. I do hereby certify that the information supplied with this filling 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 eath, 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.

Ahmall R. Koirch President