

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

FILED

Apr 18 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000037020 (0)

1. Corporation Name

WHITTENBERG DEVELOPMENT CORPORATION



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| Principal Place of Business 717 GALLEON DRIVE NAPLES FL 33940 | Mailing Address 717 GALLEON DRIVE NAPLES FL 34102-7843 |
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|---|--|--|--|---|--------------------------------|
| 2. Principal Place of Business 21 5207 DAVIS BLVD Suite, Apt #, etc. 22 City & State 23 NAPLES, FL 24 Zip 34104 25 Country USA | | 2a. Mailing Address 26 5207 DAVIS BLVD Suite, Apt #, etc. 27 City & State 28 NAPLES, FL 29 Zip 34104 30 Country USA | | 3. Date Incorporated or Qualified 04/25/1996 | 3a. Date of Last Report |
| | | | | 4. FEI Number 65-0663929 | Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent GORMAN, JAMES H 717 GALLEON DRIVE NAPLES FL 33940 | | 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 | |
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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 registered 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 | NAME | 1.1 TITLE | Change Addition |
| | GORMAN, JAMES H | 1.2 NAME | |
| STREET ADDRESS | 717 GALLEON DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 33940 | 1.4 CITY-ST-ZIP | |
| TITLE | NAME | 2.1 TITLE | Change Addition |
| | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | NAME | 3.1 TITLE | Change Addition |
| | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | Change Addition |
| | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | Change Addition |
| | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | Change Addition |
| | | 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, on an attachment, or an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)