


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

FILED
Aug 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000042060
1. Corporation Name

TWIN LAKES DEVELOPMENT CORP OF
BRANDON

Principal Place of Business Mailing Address
4903 SYLVAN OAKS DR
VALRICO FL 33594

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P O Box 2057
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 BRANDON FL
24 Country	29 33509
25	30 HILLS.

3. Date Incorporated or Qualified	3a. Date of Last Report
5/16/96	
4. FEI Number	Applied For
59-3379600	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVE
CORAL GABLES, FL 33134

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	PD	11 TITLE	
NAME	ALI HASBANI	12 NAME	
STREET ADDRESS	4903 SYLVAN OAKS DR	13 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	
NAME	HARVEY TUCKER	22 NAME	
STREET ADDRESS	4903 SYLVAN OAKS DR	23 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/97 (813) 685-9792

Date

Daytime Phone #

CR2E034 (9/96)