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FILED
Jan 28 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 # P96000060443 (4)

1. Corporation Name
TEQUESTA OAKS DEVELOPMENT COMPANY



Principal Place of Business
**4500 PGA BOULEVARD #400
 PALM BEACH GARDENS FL 33418**

Mailing Address
**4500 PGA BOULEVARD #400
 PALM BEACH GARDENS FL 33418-3965**

3. Date Incorporated or Qualified
07/18/1996

3a. Date of Last Report

4. FEI Number
65-0685094

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent
**DIVOSTA, OTTO B
 4500 PGA BOULEVARD #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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D DIVOSTA, OTTO B**

STREET ADDRESS **4500 PGA BOULEVARD #400**

CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE DELETE

NAME **P Kairalla, Robert S.**

STREET ADDRESS **4500 PGA Boulevard, Suite 400**

CITY-ST-ZIP **Palm Beach Gardens, Florida 33418**

TITLE DELETE

NAME **VP Shannon, William E.**

STREET ADDRESS **4500 PGA Boulevard, Suite 400**

CITY-ST-ZIP **Palm Beach Gardens, Florida 33418**

TITLE DELETE

NAME **VP/S/T Owen, Jack B. Jr.**

STREET ADDRESS **4500 PGA Boulevard, Suite 400**

CITY-ST-ZIP **Palm Beach Gardens, Florida 33418**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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* Robert S. Kairalla (561) 627-2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)