

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000021606

1. Corporation Name

ANN-DEE DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

533 Turtle Hatch Lane
Naples, Florida 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
March 10, 1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 533 Turtle Hatch Lane	26 Suite, Apt. #, etc.	59-3437248	Not Applicable
22 Suite, Apt. #, etc.	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Naples, Florida	28 City & State	<input type="checkbox"/>	
24 34103	29 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25 USA	30 Country	<input type="checkbox"/>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

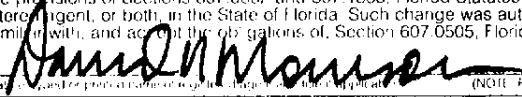
9. Name and Address of Current Registered Agent

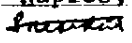
10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

81 Name	David N. Morrison, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)	Morrison & Conroy, P.A.
83	3838 Tamiami Trail North, Suite 402
84 City	Naples
85 Zip Code	FL 34103


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  2/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	Mark-Clark Bates	1.2 NAME	
STREET ADDRESS	533 Turtle Hatch Lane	1.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, Florida 34102	1.4 CITY-ST-ZIP	Naples, Florida 34103
TITLE	Director	2.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	Roger D. Ciskie	2.2 NAME	
STREET ADDRESS	975 6th Avenue, South	2.3 STREET ADDRESS	3838 Tamiami Trail North, Suite 402
CITY-ST-ZIP	Naples, Florida 34102	2.4 CITY-ST-ZIP	Naples, Florida 34103
TITLE	President	3.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	Mark-Clark Bates	3.2 NAME	
STREET ADDRESS	533 Turtle Hatch Lane	3.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, Florida 34102	3.4 CITY-ST-ZIP	Naples, Florida 34102
TITLE	Vice President	4.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	Roger D. Ciskie	4.2 NAME	
STREET ADDRESS	975 6th Avenue, South	4.3 STREET ADDRESS	3838 Tamiami Trail North, Suite 402
CITY-ST-ZIP	Naples, Florida 34102	4.4 CITY-ST-ZIP	Naples, Florida 34103
TITLE	Secretary	5.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	Roger D. Ciskie	5.2 NAME	
STREET ADDRESS	975 6th Avenue, South	5.3 STREET ADDRESS	3838 Tamiami Trail North, Suite 402
CITY-ST-ZIP	Naples, Florida 34102	5.4 CITY-ST-ZIP	Naples, Florida 34103
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition
NAME		6.2 NAME	500002464385
STREET ADDRESS		6.3 STREET ADDRESS	-03/23/98--01002--020
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

14. I 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

CR2E034 (10/97)