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Feb 25 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 # S21165 (3)

1. Corporation Name
CHEROKEE DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
600 FIFTH AVE SOUTH
SUITE 207
NAPLES FL 33940
US
600 FIFTH AVE SOUTH
SUITE 207
NAPLES FL 33940
US

3. Date Incorporated or Qualified 12/27/1990
3a. Date of Last Report 04/19/1996

2. Principal Place of Business 21 3867 Midshore Drive Suite, Apt. #, etc. 22 City & State 23 Naples, Florida 24 Zip 34109 25 Country USA	2a. Mailing Address 26 3867 Midshore Drive Suite, Apt. #, etc. 27 City & State 28 Naples, Florida 29 Zip 34109 30 Country USA	4. FEI Number 65-0235165 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

BRUGGER, JOHN N
600 FIFTH AVE SOUTH, SUITE 207
SUITE 210
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name John N. Brugger
82 Street Address (P.O. Box Number is Not Acceptable) 600 Fifth Avenue South
83 Suite 207
84 City Naples FL 85 Zip Code 34102

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	PT	1.1 TITLE	
NAME	BRUGGER, JOHN N	1.2 NAME	
STREET ADDRESS	600 FIFTH AVE SOUTH, SUITE 207	1.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	1.4 CITY- ST- ZIP	
TITLE	XSD	2.1 TITLE	S
NAME	XBRUGGER, JOHN N	2.2 NAME	Brugger, Carol R.
STREET ADDRESS	X600 FIFTH AVE SOUTH, SUITE 207	2.3 STREET ADDRESS	600 Fifth Avenue South, Suite 207
CITY- ST- ZIP	XNAPLES FL	2.4 CITY- ST- ZIP	Naples, Florida
TITLE	V	3.1 TITLE	
NAME	STEINER, ANTON	3.2 NAME	
STREET ADDRESS	600 FIFTH AVE SOUTH, SUITE 207	3.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Brugger, John N.
STREET ADDRESS		4.3 STREET ADDRESS	600 Fifth Avenue South, Suite 207
CITY- ST- ZIP		4.4 CITY- ST- ZIP	Naples, Florida
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		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, or on an attachment with an address.

SIGNATURE: _____ John N. Brugger, Pres. (941) 263-6000
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)