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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V01201

(5)

EUDAMEN DEVELOPMENT, INC.

Principal Place of Business	Mailing Address				
96 D.H. PLITNAM. JR. 1121 GULFSHORE BLVD., NORTH NAPLES FL 33940	% D.H. PUTNAM. JR. 1121 GULFSHORE BLYD NORTH NAPLES FL 34102-5335				
		3. Date Incorporated or Qualified 12/16/1991	3a. Date of Last Report 03/13/1996		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied		
21 2700) U.S. FIN.	26 27001 U.S. KIN,	65-0315933	Not Apr		

Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State 23 Clegywater, FL	City & State  28 Clearwater FL	,		Election Campaign Financing     Trust Fund Contribution	<b>D</b>	\$5.00 May Be Added to Fees	
Zip Country 25 U.S.A.	L •-'	Country  (c.s.	A.	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>		tax under s. 199.032, ] No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPARKMAN, RICHARD D ESQ.		81	Name		<b>J</b>		
307 AIRPORT PULLING ROAD NORTH NAPLES FL 33942		82	Street Address (P.O. Box Number is Not Acceptable)				
		83					
		84	City		FL	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 of the corporation's board of directors. I berefy accent the appointment as registered

SIGNATURE Stynature typied or printed name of registerios agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	4
THE P DELETE 1.1 TITLE Change	Addition
NAME PUTNAM, DONALD H JR. 1.2 HAME	
STREET ADDRESS 1121 GULFSHORE BLVD., NORTH 1.3 STREET ADDRESS	
GITY-ST-7/P NAPLES FL 33940 14 CITY-ST-ZIP	
TOTAL DELETE 21 TITLE . Change	Addition
NAME 22 NAME	
STHEET AUDRESS 2.3 STREET ADDRESS	
Crty-St-ZiP	
TITLE DELETE 3.1 TITLE Change	Addition
NAME 32 NAME	j
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
101E DELETE 4.1 TITLE Change	Addition
NAME 4.2 NAME	,
STREET ADDRESS 43 STREET ADDRESS	
CITY-ST-7JP 4.4 CITY-ST-7JP	
TILE DELETE 5.1 TITLE Change	Addition
NAME 52 NAME	
STREET ADDRESS	į
CITY ST-76" 5.4 CITY-ST-ZIP	_
TITLE DELETE 6.1 TITLE Change	Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
(31Y-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 14 Los because certify that the interpretation currently with this filling does not qualify for the examption stated in Section 119 07/9V/). Florida Statutes I further certify that the	·

red nereby certify that the imprimation supplied with this fining does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, i further certify that the information indicated by this fantual 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 directly other or poration 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 thought or the control of t

SIGNATURE:

813-746-1711

**FILED** 

May 14 1997 8:00am

Secretary of State

Applied For

Not Applicable