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**Apr 01 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 # P96000031380 (4)

1. Corporation Name
FACILITY DEVELOPMENT CORPORATION



Principal Place of Business: **225 WATER ST SUITE 1800 JACKSONVILLE FL 32201-3315**
Mailing Address: **225 WATER ST SUITE 1800 JACKSONVILLE FL 32202-5151**

3. Date Incorporated or Qualified: **04/10/1996** 3a. Date of Last Report

2. Principal Place of Business: **c/o Lineberger & Co., LLC**

4. FEI Number: **Pending** Applied For Not Applicable

2a. Mailing Address: **1120 Boston Post Road**

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

Suite, Apt. #, etc.

22. City & State

23. City & State

24. Zip 25. Country 29. Zip: **06820** 30. Country: **USA**

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

28. **Darien, Ct.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code: **FL**

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	President <input type="checkbox"/> DELETE
NAME	John A. Colwell
STREET ADDRESS	8 Springhill Farm Court
CITY- ST- ZIP	Hunt Valley, Maryland 21030
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Christopher Lineberger
STREET ADDRESS	c/o Lineberger & Co., LLC
CITY- ST- ZIP	1120 Boston Post Road
TITLE	Darien, Ct. 06820 <input type="checkbox"/> DELETE
TITLE	Assistant Secretary <input type="checkbox"/> DELETE
NAME	Edward Mandell
STREET ADDRESS	Parker, Chapin, Flattau & Klimpl
CITY- ST- ZIP	1211 Ave. of the Americas
TITLE	New York, N.Y. 10036 <input type="checkbox"/> DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John A. Colwell
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, unchanged, or on an attachment with an address.

SIGNATURE: **John A. Colwell** 3/7/97 410 453 0024

CR2E034 (9/96)