

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 838500 (7)  
1. Corporation Name  
**MOBIL LAND DEVELOPMENT (FLORIDA) CORPORATION**



Principal Place of Business: 4440 PGA BLVD. SUITE 601 PALM BEACH GARDENS FL 33410 US  
Mailing Address: 1201 ELM STR ATTN: TAX ADMIN DEPT DALLAS TX 75270-2014 US

3. Date Incorporated or Qualified: 05/26/1977  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21  
2a. Mailing Address: 26 3225 GALLOWES ROAD  
Suite, Apt. #, etc.: 22 STATE TAX DEPT.  
City & State: 27 FAIRFAX VA  
Zip: 24 22037  
Country: 30

4. FEI Number: 13-2896655  
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

9. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM, INC  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
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 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: Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, D.	
STREET ADDRESS	4440 PGA BLVD., S-601	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEVENSON, P.A.	
STREET ADDRESS	3225 GALLOWES RD.	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CASELLI, J.A.	
STREET ADDRESS	3225 GALLOWES RD	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HONIG, S.	
STREET ADDRESS	4440 PGA BLVD., #601	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	OLSON, C.T.	
STREET ADDRESS	1201 ELM ST.	
CITY-ST-ZIP	DALLAS TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GARNEY, G. G.	
STREET ADDRESS	3225 GALLOWES RD.	
CITY-ST-ZIP	FAIRFAX VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 checked="" type="checkbox"/> Addition
3.2 NAME	T SARNOWSKI, J.A.
3.3 STREET ADDRESS	3225 GALLOWES ROAD
3.4 CITY-ST-ZIP	FAIRFAX VA 22037
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AS/D PEEL, N. D.
5.3 STREET ADDRESS	11911 Freedom Drive
5.4 CITY-ST-ZIP	RESTON VA 22090-5605
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 furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in change of, or on an attachment with an address.

SIGNATURE: *G.G. Garney* G.G. GARNEY ASST. SECRETARY 4/18/96 (703) 846-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)