

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

FILED
May 06 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 # 838500 (7)
 1. Corporation Name
MOBIL LAND DEVELOPMENT (FLORIDA) CORPORATION

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address

21 **4440 PGA BLVD.** 26 **3225 GALLOW ROAD**
 Suite, Apt #, etc Suite, Apt #, etc

22 **SUITE 601** 27 **STATE TAX DEPARTMENT**
 City & State City & State

23 **PALM BEACH GARDENS, FL** 28 **FAIRFAX, VA**
 Zip Country Zip Country

24 **33410** 25 Country 29 **22037** 30 Country

3. Date Incorporated or Qualified **05/26/1977** 3a. Date of Last Report **05/01/1996**

4. FEI Number **13-2896655** Applied For Not Applicable

6. 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.
1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
000002175730

83 **-05/13/97--01002--039**

84 City *****165.00** 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 <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	C/P/D
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	PATOCKA, B. A.
		1.3 STREET ADDRESS	3225 GALLOW ROAD
		1.4 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	V/D
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	PEEL, N. D.
		2.3 STREET ADDRESS	3225 GALLOW ROAD
		2.4 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	T
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	SARNOWSKI, J. A.
		3.3 STREET ADDRESS	3225 GALLOW ROAD
		3.4 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	S
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	STEVENSON, P. A.
		4.3 STREET ADDRESS	3225 GALLOW ROAD
		4.4 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	AT
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	CAVALIERE, A. L.
		5.3 STREET ADDRESS	3225 GALLOW ROAD
		5.4 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	AC
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	LOPEZ, S. A.
		6.3 STREET ADDRESS	3225 GALLOW ROAD
		6.4 CITY-ST-ZIP	FAIRFAX, VA 22037

14. I, the undersigned, 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: **S. A. LOPEZ:** *[Signature]* Assistant Controller **4/23/97 (705) 846-1438**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

RW
5-6-97