

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L15042 (9)**
1. Corporation Name
54 LAND CORP.



Principal Place of Business: **C/O PHILLIPS, MARILYN 25206 STATE ROAD #54 LUTZ FL 33549**
Mailing Address: **C/O PHILLIPS, MARILYN 25206 STATE ROAD #54 LUTZ FL 33549**

2. Principal Place of Business
21 []
Suite, Apt #, etc []
22 []
City & State []
23 []
Zip [] Country []
24 [] 25 []
2a. Mailing Address
26 **P.O. Box 1817**
Suite, Apt #, etc []
27 []
City & State
28 **Land O' Lakes FL**
Zip
29 **31639** Country
30 **PASCO**

3. Date Incorporated or Qualified: **09/08/1989**
3a. Date of Last Report: **07/13/1995**
4. FEI Number: **59-2978547**
Applied For: []
Not Applicable: []
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
**MORA, THOMAS
16925 TOBACCO ROAD
LUTZ FL 33549**

10. Name and Address of New Registered Agent
81 Name: **MARILYN R. PHILLIPS**
82 Street Address (P.O. Box Number is Not Acceptable): **4702 ALPINE ROAD**
83 []
84 City: **LAND O' LAKES** FL 85 Zip Code: **31639**

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: *Marilyn R. Phillips* DATE: **8-1-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PHILLIPS, MARILYN	
STREET ADDRESS	25206 STATE ROAD #54	
CITY-ST-ZIP	LUTZ FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MORA, MYRA A.	
STREET ADDRESS	25206 STATE ROAD #54	
CITY-ST-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn R. Phillips* DATE: **8-1-96** **83999-1289**

CR2E034 (3/96)