

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L54776 (4)

1. Corporation Name
DIVOSTA LAND COMPANY



Principal Place of Business % OTTO B. DIVOSTA 4500 PGA BLVD STE 400 PALM BEACH GARDENS FL 33418	Mailing Address % OTTO B. DIVOSTA 4500 PGA BLVD STE 400 PALM BEACH GARDENS FL 33418
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/05/1990	4. FEI Number 65-0183474	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country	29. Country				

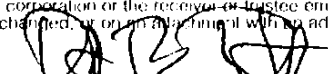
9. Name and Address of Current Registered Agent DIVOSTA, OTTO B. 4500 PGA BLVD STE 400 PALM BEACH GARDENS FL 33418		81. Name	10. Name and Address of New Registered Agent		
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83.			
		84. City	FL	85. Zip Code	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIVOSTA, OTTO B.	1.2 NAME	
STREET ADDRESS	4500 PGA BLVD #400	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GRDNS FL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIVOSTA, BETTY J.	2.2 NAME	
STREET ADDRESS	4500 PGA BLVD #400	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GRDNS FL	2.4 CITY-ST-ZIP	
TITLE	VAT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALUI, JUDITH M.	3.2 NAME	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHANOS, DIANE L.	4.2 NAME	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLAM BCH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, CATHY D.	5.2 NAME	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIVOSTA, GUY	6.2 NAME	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attached change of information form.

SIGNATURE:  Otto B. DiVosta as Pres. 2/5/98 (561) 627-2112

CR2E034 (10/97)