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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90079 030 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L54776

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1990

4. FEI Number
65-0183474

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

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

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIVOSTA, OTTO B.
4500 PGA BLVD STE 400
PALM BEACH GARDENS FL 33418

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE DELETE
 NAME **DP**
 STREET ADDRESS **DIVOSTA, OTTO B.**
4500 PGA BLVD #400
 CITY-ST-ZIP **PALM BEACH GRDNS FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DST**
 STREET ADDRESS **DIVOSTA, BETTY J.**
4500 PGA BLVD #400
 CITY-ST-ZIP **PALM BEACH GRDNS FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VAT**
 STREET ADDRESS **GALUI, JUDITH M.**
4500 PGA BLVD, SUITE 400
 CITY-ST-ZIP **PALM BCH GARDENS FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VAS**
 STREET ADDRESS **STEPHANOS, DIANE L.**
4500 PGA BLVD, SUITE 400
 CITY-ST-ZIP **PLAM BCH GARDENS FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **V**
 STREET ADDRESS **FLOYD, CATHY D.**
4500 PGA BLVD, SUITE 400
 CITY-ST-ZIP **PALM BCH GARDENS FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **V**
 STREET ADDRESS **DIVOSTA, GUY**
4500 PGA BLVD, SUITE 400
 CITY-ST-ZIP **PALM BCH GARDENS FL**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 attachment with an address, with all other like empowered.

SIGNATURE: *Diane L. Stephanos* VP **2/16/99** (561) 627-2112
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)