

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 # **P12193** (9)

1. Corporation Name
COURTLAND GROUP, INC.



Principal Place of Business: **2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133**
Mailing Address: **2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1986	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 13-2697658	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GRAY, LEE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2701 S BAYSHORE DR	1.2 NAME	
STREET ADDRESS	COCONUT GROVE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SVS ROTHSTEIN, LAWRENCE I.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2701 S BAYSHORE DR.	2.2 NAME	
STREET ADDRESS	COCONUT GROVE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VAS CAMAROTTI, CARLOS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2701 S BAYSHORE DR.	3.2 NAME	
STREET ADDRESS	COCONUT GROVE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CD WIENER, MAURICE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2701 S. BAYSHORE DRIVE	4.2 NAME	
STREET ADDRESS	COCONUT GROVE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D EYSSELL, GUSTAV S.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUTE 1, BOX 121	5.2 NAME	
STREET ADDRESS	HAMILTON VA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V LERNER, BERNARD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2701 S BAYSHORE DR	6.2 NAME	
STREET ADDRESS	COCONUT GROVE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/22/96** **305-654-6807**

CR2E034 (12/95)