

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 # **P93000033442 (3)**

1. Corporation Name
AVIVA LAND HOLDINGS, INC.



Principal Place of Business

6100 DEACON DRIVE
WINDERMERE FL 34786
US

Mailing Address

~~6100 DEACON DRIVE~~
~~WINDERMERE FL 34786~~
~~US~~

3. Date Incorporated or Qualified **05/07/1993** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business
21

2a. Mailing Address
26 **200 S. Orange Ave.**

4. FEI Number ~~59-0470040~~ **59-3179448** Applied For Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27 **Suite 2300**

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

City & State
23

City & State
28 **Orlando, FL**

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

Zip Country
24 25

Zip Country
29 **32801-3432** 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~F & L CORP.~~
~~THE GREENLEAF BLDG, THIRD FLOOR~~
~~200 LAURA STREET~~
~~JACKSONVILLE FL 32204-0240~~

81 Name **A.G.C. Co.**
82 Street Address (P.O. Box Number is Not Acceptable) **200 S. Orange Ave.**
83 **Suite 2300**
84 City **Orlando** FL 85 Zip Code **32801-3432**

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 **A.G.C. Co.**
By: **G. Thomas Ball, Vice President**

3/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD SILVERTON TOBY N**
STREET ADDRESS **5353 ISLEWORTH COUNTRY CLUB DR**
CITY-ST-ZIP **WINDERMERE FL**

11 TITLE **VD** Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DELETE
NAME **VD SILVERTON VIVIANNE**
STREET ADDRESS **5353 ISLEWORTH COUNTRY CLUB DR**
CITY-ST-ZIP **WINDERMERE FL**

21 TITLE DELETE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DELETE
NAME **VSTD KAY CHRISTOPHER K**
STREET ADDRESS **5524 ISLEWORTH COUNTRY CLUB DRIVE**
CITY-ST-ZIP **WINDERMERE FL**

31 TITLE **V/S/D** Change Addition
32 NAME
33 STREET ADDRESS **300001798153**
34 CITY-ST-ZIP **-04/29/96--01032--022**

TITLE DELETE
NAME **VTD VOSS, JEFFERSON R**
STREET ADDRESS **550 JEFFERSON STREET**
CITY-ST-ZIP **OAKLAND FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or in an attachment with an address.

SIGNATURE: **JEFFERSON R. VOSS**

Date **4-11-96** 407.876.5432
Daytime Phone #

CR2E034 (12/95)

4-26-96