

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of Corporation
See Statute of State
Division of Corporations

DOCUMENT # **P94000034403 (3)**

FILED
DIVISION OF STATE
CORPORATIONS
95 MAY -1 AM 11:24

EGRET LANDING INVESTMENTS INC.

Principal Office: 2601 BISCAYNE BLVD MIAMI FL 33137
Mailing Address: 2601 BISCAYNE BLVD MIAMI FL 33137

DATE I WROTE IN THIS SPACE

2. The Corporation's Fiscal Year		2a. Mailing Address		3. Date for preparation of financials	3a. Date of Last Report
21. Fiscal Year		26. Mailing Address		05/02/1994	
22. Fiscal Year		27. Mailing Address		4. FEI Number	Applied / or Not Applicable
23. Fiscal Year		28. City & State		65-0487807	
24. Fiscal Year		29. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Fiscal Year		30. City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. Fiscal Year		31. City & State		7. This corporation has received for filing the Georgia Report of the State of Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

KUNDE, PATRICIA A
2601 BISCAYNE BLVD
MIAMI FL 33137

10. Name and Address of New Registered Agent

81. Name	CAIRNS, TERRANCE V.		
82. Street Address (P.O. Box Number is Not Applicable)	2601 Biscayne Boulevard		
83. City	Miami	85. Zip Code	FL 33137

11. Pursuant to the provisions of Sections 607.014 and 607.018, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of its principal office to 2601 Biscayne Blvd, Miami, Florida. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida.

Patricia A. Kunde 4/27/95

12. OFFICERS AND DIRECTORS

NAME	DP
STREET ADDRESS	WEITZ, KENNETH M 16825 97TH WAY N JUPITER FL 33478
CITY	DS
NAME	KUNDE, PATRICIA A
STREET ADDRESS	2601 BISCAYNE BLVD MIAMI FL 33137
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	
15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is true and correct and that it complies with the provisions of the Florida Statutes. I further certify that the information supplied with this filing is true and correct and that it complies with the provisions of the Florida Statutes. I further certify that the information supplied with this filing is true and correct and that it complies with the provisions of the Florida Statutes.

SIGNATURE: *Patricia A. Kunde*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
PATRICIA A KUNDE

5/15/95 305 576 6333