

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 # **P94000052771 (0)**

1. Corporation Name

LOGGERHEAD LAND, INC.



Principal Place of Business 4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418	Mailing Address 4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418
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3. Date Incorporated or Qualified 07/18/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0506924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4200 Wackenhut Drive Suite, Apt. #, etc. 22 Suite 110 City & State 23 Palm Beach Gardens FL Zip 24 33410	2a. Mailing Address 26 4200 Wackenhut Drive Suite, Apt. #, etc. 27 Suite 110 City & State 28 Palm Beach Gardens FL Zip 29 33410	30
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9. Name and Address of Current Registered Agent

**TAMBONE, RICHARD P
2141 S. ALTERNATE A1A, #400
JUPITER FL 33477**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 officer 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMBONE, LORI B	1.2 NAME	
STREET ADDRESS	4500 PGA BLVD SUITE 304B	1.3 STREET ADDRESS	4200 Wackenhut Dr., Suite 110
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	DPT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMBONE, RICHARD P	2.2 NAME	
STREET ADDRESS	4500 PGA BLVD SUITE 304B	2.3 STREET ADDRESS	4200 Wackenhut Dr., Suite 110
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

Date

407-625-0008

Daytime Phone #

CR2E034 (12/95)