

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 # P95000026680 (5)

1. Corporation Name
AMLAND CORP.



Principal Place of Business
**512 E. WASHINGTON ST.
ORLANDO FL 32801**

Mailing Address
**512 E. WASHINGTON ST.
ORLANDO FL 32801**

3. Date Incorporated or Qualified **03/31/1995** 3a. Date of Last Report **3/95**

2. Principal Place of Business
21 **470 W. CENTRAL PKWY.**

2a. Mailing Address
26 **470 W. CENTRAL PKWY.**

4. FEI Number **593313663**

22 **Suite 1001**

27 **Suite 1001**

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

23 **ALTAMONTE SPRINGS, FL.**

28 **ALTAMONTE SPRINGS, FL.**

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

24 **32714**

25 **U.S.**

29 **32714**

30 **U.S.**

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

~~ZIC, ANDREW S.
4434 SAXON DR.
NEW SMYRNA BEACH FL 32169~~

81 Name **FUTURE LAND INVESTMENTS.**
82 Street Address (P.O. Box Number is Not Acceptable) **470 W. CENTRAL PKWY**
83 **SUITE 1001**
84 City **ALTAMONTE SPRINGS FL** 85 Zip Code **32714**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

5/3/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PROVIDENT	<input type="checkbox"/> DELETE
NAME	ANDREW S. ZIC	
STREET ADDRESS	546 MARINA POINT DR.	
CITY-ST-ZIP	DAYTONA BEACH, FL. 32114	
TITLE	REGISTERED AGENT	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	REGISTERED AGENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FUTURE LAND INVESTMENTS	
1.3 STREET ADDRESS	470 W. CENTRAL PKWY STE 1001	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300001901283	
6.3 STREET ADDRESS	-07/23/96--01030--023	
6.4 CITY-ST-ZIP	***200.00	

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]* / *[Signature]* / *[Signature]* 4/29/96 407.788.3770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)