2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 08:00 AM **Secretary of State** DOCUMENT # P96000021622 FLORIDA CAPITAL LAND CORPORATION Principal Place of Business Mailing Address 300 INTERNATIONAL PKWY. 300 INTERNATIONAL PKWY. SUITE 130 SUITE 130 HEATHROW, FL 32746 HEATHROW, FL 32746 04082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3381828 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SELBY, C. THOMAS DO NOT WRITE 300 INTERNATIONAL PKWY. **SUITE 130** IN THIS SPACE HEATHROW, FL 32746 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) U00000137032 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 04/29/04-80029-016 150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SELBY, C. THOMAS NAME STREET ADDRESS 300 INTERNATIONAL PKWY., SUITE 130 CITY-ST-ZIP HEATHROW, FL 32746 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI E IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filing does not quality for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

(407) 333-1604

FILED

Daytime Phone #