FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Block 12 or Block 13 if changed, or

PROFIT Jan 26 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S23935 THE 16-21 LAND CORPORATION, INC. Principal Place of Business Mailing Address 1833 HENDRY STREET 1833 HENDRY STREET FT MYERS FL 33901-3054 FT MYERS FL 33901-3054 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1991 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0241279 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Zip Country Zip 24 Personal Property Tax due June 30. ☐ Yes 29 30 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name 81 PAVESE, FRANK A, SR 1833 HENDRY STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33902 83 Zip Code R4 City 65 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition 1.1 TITLE TITLE **JENKINS, SCOTT M** NAME 1.2 NAME 100 FRONT STREET 1.3 STREET ADDRESS STREET ADDRESS W. CONSHOHOCKEN PA 14 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE VST 2.1 TITLE TITLE LITTLETON, ARTHUR R 2.2 NAME NAME **ONE LIBERTY PLACE** STREET ADDRESS 2.3 STREET ADDRESS PHILDELPHIA PA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE LITTLETON, ARHTUR R 3.2 NAME NAME ONE LIBERTY PLACE 3.3 STREET ADDRESS STREET ADDRESS PHILDELPHIA PA CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 11flE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 14. I hereby certify that the information supplied with this filling indicated on this annual report of supplemental annual reportion or the receiver or tripst oes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rt is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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