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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90079 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S23935**

1. Corporation Name
THE 16-21 LAND CORPORATION, INC.

Principal Place of Business
 1833 HENDRY STREET
 FT MYERS FL 33901-3054

Mailing Address
 1833 HENDRY STREET
 FT MYERS FL 33901-3054



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/10/1991

4. FEI Number
65-0241279

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
PAVESE, FRANK A, SR
1833 HENDRY STREET
FT MYERS FL 33902

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JENKINS, SCOTT M	
STREET ADDRESS	100 FRONT STREET	
CITY-ST-ZIP	W. CONSHOHOCKEN PA	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	LITTLETON, ARTHUR R	
STREET ADDRESS	ONE LIBERTY PLACE	
CITY-ST-ZIP	PHILDELPHIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LITTLETON, ARTHUR R	
STREET ADDRESS	ONE LIBERTY PLACE	
CITY-ST-ZIP	PHILDELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	432 W. Montgomery Ave., Unit 102
2.4 CITY-ST-ZIP	Haverford, PA 19041
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	432 W. Montgomery Ave., Unit 102
3.4 CITY-ST-ZIP	Haverford, PA 19041
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ Date: **Jan 9, 1999** Daytime Phone # _____

CR2E034 (11/98)