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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L54776 (4)

1. Corporation Name  
DIVOSTA LAND COMPANY

Principal Place of Business  
% OTTO B. DIVOSTA  
4500 PGA BLVD STE 400  
PALM BEACH GARDENS FL 33418

Mailing Address  
% OTTO B. DIVOSTA  
4500 PGA BLVD STE 400  
PALM BEACH GARDENS FL 33418-3965



3. Date Incorporated or Qualified 03/05/1990	3a. Date of Last Report 03/13/1996
4. FEI Number 65-0183474	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 checked="" type="checkbox"/> 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
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g. Name and Address of Current Registered Agent

DIVOSTA, OTTO B.  
4500 PGA BLVD STE 400  
PALM BEACH GARDENS FL 33418

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	V/AT
NAME	DIVOSTA, OTTO B.	1.2 NAME	Galui, Judith M.
STREET ADDRESS	4500 PGA BLVD #400	1.3 STREET ADDRESS	4500 PGA Boulevard, Suite 400
CITY-ST-ZIP	PALM BEACH GRDNS FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33418
TITLE	DST	2.1 TITLE	V/AS
NAME	DIVOSTA, BETTY J.	2.2 NAME	Stephanos, Diane L.
STREET ADDRESS	4500 PGA BLVD #400	2.3 STREET ADDRESS	4500 PGA Boulevard, Suite 400
CITY-ST-ZIP	PALM BEACH GRDNS FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33418
TITLE		3.1 TITLE	V
NAME		3.2 NAME	Floyd, Cathy D.
STREET ADDRESS		3.3 STREET ADDRESS	4500 PGA Boulevard, Suite 400
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33418
TITLE		4.1 TITLE	V
NAME		4.2 NAME	DiVosta, Guy M.
STREET ADDRESS		4.3 STREET ADDRESS	4500 PGA Boulevard, Suite 400
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33418
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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, unchanged, or on an attachment with an address.

SIGNATURE: Otto B. DiVosta 1/22/97 (561) 627-2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)