

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07972 (3)

1. Corporation Name: **ORLANDO BEELINE LAND CO., INC.**



Principal Place of Business 824 MARKET STREET, SUITE 900 WILMINGTON DE 19801	Mailing Address 824 MARKET STREET, SUITE 900 WILMINGTON DE 19801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/04/1985	4. FEI Number 51-0287935	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip Country	28. Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Zip	25. Country	29. Zip	30. Country	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	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: _____ (Signature type the printed name of registered agent and fee if applicable) (NOT) Registered Agent signature required when certifying DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYRES, RUSSELL W III	1.2 NAME	
STREET ADDRESS	1900 GRANT BUILDING	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINI, LARIO M	2.2 NAME	
STREET ADDRESS	824 MARKET STREET SUITE 900	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19801	2.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, DARLENE	3.2 NAME	MCQUARRIE, ANDREW H.
STREET ADDRESS	824 MARKET ST., STE 900	3.3 STREET ADDRESS	824 MARKET STREET, SUITE 900
CITY-ST-ZIP	WILMINGTON DE	3.4 CITY-ST-ZIP	WILMINGTON, DELAWARE 19801
TITLE	AST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKEN, CHARLES H	4.2 NAME	400002538064
STREET ADDRESS	1900 GRANT BLDG	4.3 STREET ADDRESS	-05/28/98--01012--021
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	***150.00
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAXTER, H. VAUGHAN III	5.2 NAME	BLAXTER, H. VAUGHAN III
STREET ADDRESS	1900 GRANT BUILDING	5.3 STREET ADDRESS	1900 GRANT BUILDING
CITY-ST-ZIP	PITTSBURGH PA	5.4 CITY-ST-ZIP	PITTSBURGH, PA 15219
TITLE	PST <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, LAWRENCE M	6.2 NAME	BROWN, RICHARD H.
STREET ADDRESS	1900 GRANT BLDG	6.3 STREET ADDRESS	824 MARKET STREET, SUITE 900
CITY-ST-ZIP	PITTSBURGH PA	6.4 CITY-ST-ZIP	WILMINGTON, DELAWARE 19801

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 this 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: _____ Andrew H. McQuarrie

CR2E034 (10/97)