

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

FILED
May 15 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 # 185738 (2)
1. Corporation Name
SOUTH FLORA LAND DEVELOPMENT CORP.



Principal Place of Business
P.O. BOX 518
INDIANTOWN FL 34956
US

Mailing Address
P.O. BOX 518
INDIANTOWN FL 34956-0518
US

3. Date Incorporated or Qualified
06/08/1955

3a. Date of Last Report
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	13-6115429	Not Applicable
22 City & State	27 City & State	6. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

POST, ROBERT M. J
16001 MARKET STREET
INDIANTOWN FL 34956

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	POST, ROBERT M., JR.	
STREET ADDRESS	23 W JOHN ST	
CITY- ST- ZIP	HICKSVILLE NY	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GENTRY, ELIZABETH	
STREET ADDRESS	WEST FARMS ROAD	
CITY- ST- ZIP	INDIANATOWN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ABUHOFF, FLEUR	
STREET ADDRESS	23 W JOHN ST	
CITY- ST- ZIP	HICKSVILLE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REY-MILLET, YVES-JACQUES	
STREET ADDRESS	GEORGE TOWN	
CITY- ST- ZIP	GRAND CAYMAN ISLD WI	
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	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS BEARD	
1.3 STREET ADDRESS	16001 MARKET ST.	
1.4 CITY- ST- ZIP	INDIANTOWN, FL	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELIZABETH GENTRY	
2.3 STREET ADDRESS	WEST FARMS ROAD	
2.4 CITY- ST- ZIP	INDIANTOWN, FL	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JEFF LESLIE	
3.3 STREET ADDRESS	16001 MARKET ST.	
3.4 CITY- ST- ZIP	INDIANTOWN, FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT M POST, JR	
5.3 STREET ADDRESS	16001 MARKET ST.	
5.4 CITY- ST- ZIP	INDIANTOWN, FL	
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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0474230

CR2E034 (9/96)