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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# 187600 1. Corporation Name

CENTRAL LAND CO

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90215 046 ***150.00



					<u> </u>		
Principal Place of Business Mailing Address					i i		
1231 - 99TH ST 666 71ST ST BAY HARBOR ISLANDS FL 33154 WIAMI BEACH FL 33141 US						,	
					DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualifed		
					09/08/1955		
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number	<u> </u>	olied For
21 26					59-6059086		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
27						Fee Red	
City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23		28	Country		Trust Fund Contribution		rees
Zip	Country Zip 25 29 30		つ	,	This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Cu		101		10. Name and Address of New Registere		
	- Name and Address of Cu	illent vedizeren våent	81	Name	Limits and Limited At 1404 Hallians		
GER	ISON, GARY R., CPA						
666 71ST STREET			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
MIAMI BEACH FL 33141			83	,	*****		
			L	_		· · · · · · · · · · · · · · · · · · ·	
			84	City	F	85 Zip C	ode
11 Durauant	to the provisions of Sections 607	0502 and 607 1508. Florida Statutes	the abov	e-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its	registered
12.	Signature, typed or printed name of registere OFFICERS	d agent and title if applicable (NOTE: F S AND DIRECTORS	Registered Age	at signature requir	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ ØELETE	1.1 TITLE			Change	Addition
NAME	GERSON, GARY R.		1.2 NAME	ì			
STREET ADDRESS	666 71ST ST.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI BCH. FL 33141		1.4 CITY-S	T-ZIP	<u> </u>		
TITLE	STD	☐ DELÉTE	2.1 TITLE)		Change	Addition
NAME	ORLEANS, DORIS		2.2 NAME			•	
STREET ADDRESS	444 E. 82ND ST.		2.3 STREE	TADDRESS			
CITY-ST-ZIP	NY NY 10028		2.4 CITY-	ST-ZIP			
TITLE	RA	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	GERSON, GARY R.		32 NAME		A STATE OF THE STATE OF	- •	
STREET ADDRESS	666 71ST STREET		1	TADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL	□ ocurre	3.4. CITY-5	5T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			□ oueride	TT MOUNDI
NAME			4. 2 NAME				•
STREET ADDRESS				TADDRESS	•		
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	IT-ZIP		☐ Change	☐ Addition
TITLE		□ Dereie	5.1 IIILE 5.2 NAME		·		
NAME			1	T ADDRESS		' e	
STREET ADDRESS			5.4 CITY-S	1		•	
CITY-ST-ZIP		☐ DÉLETE	6.1 TITLE			[] Change	Addition
TITLE	1			ı		L. Januarya	

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 one an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 1

NAME

STREET ADDRESS