## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION TF



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

ANNUAL REF	POF
1996	

205715

(6)

1. Corporation	MENT # 205' R-OTTO-LAND CO	715 (6)				
Principa: Place	of Business	Mailing Address			DI GIRLI BIBRI BIBRI BIBRI BIBRI BIBRI BIBRI (BBI	
811 CARDINAL STREET FT WALTON BEACH FL 32547		811 CARDINAL STR FT WALTON BEACH				
				3. Date Incorporated or Qualified 09/11/1957	<b>3a.</b> Date of Last Report <b>03/23/1995</b>	
	ace of Business	<b>2a</b> , Mailing Address		4, FEI Number	Applied For	
21 Suite Ast	E also	[26]		59-6067247	Not Applicable	
Suite, Apt. :	#, etc.	Suite Apt. #, etc.		5. Cert-ficate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ <b>24</b>	Country 25	Ζ(ρ 29	Country 30	8. This corporation has liability for		
	9. Name and Address of C		[30]	10. Name and Address of New F		
			81 Name			
MILLER	ι,0πο		82 Street Addr	ess (P.O. Box Number is Not Acceptab	de)	
811 CA	ARDINAL STREET		or order risa	Street Address (F.O. How Married is New Moody Black		
FT WAL	LTON FL		83			
			84 City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607	.0502 and 607.1508, Florida Stat	ites, the above named corpor	ation submits this statement for the pu	pose of changing its registered office	
or register familiar wi	red agent, or both, in the State o th, and accept the obligations of	il Florida: Such change was author , Section 607.0505, Florida Statut	nzed by the corporation's boai es.	d of directors. Thereby accept the app	ointment as registered agent. Lam	
SIGNATURE						
	Signature, typed or printed name, of registere	idagenta o bertagalada — — — — — — — — — — — — — — — — — —	NOTE: Rig skind Agent signaturi regione  13.		DATE	
12.	PD	DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition	
NAME	MILLER, OTTO		1.2 NAME		2 , 2	
STREET ADDRESS	811 CARDINAL STREET		1 3 STREET ADDRESS			
CITY+ST ZIP	FORT WALTON BCH FI		1.4.0HY-ST-2IF			
104		□ DECE LE	2 1 111LF		Change Addition	
NAME			2.2 NAM:			
STHEET ADDRESS			2.3 STREET ADDRESS			
CITY ST ZIP			2.4 C/TY - \$1 - Z/F/			
TITLE		DELETE	3 1 T !LF		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-ST ZIP TILLE		DECETE	3.4 C/TY - S1 - Z/P 4.1 T/T LE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STHEET ADDRESS			
CITY ST ZIP			4.4 CITY - \$1 - Ziz*			
THLE		☐ DELETE	5 'TITLE		Crange Addition	
NAME			5.2 NAME			
STREET AUDRESS			5.3 STHEET ACORESS			
CITY-ST-ZIP	*		5.4 CiTY - \$1 - ZIP			
TITLE		DELETE	6 1111.6		Change Addition	
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
C-TY-ST-ZIP	L		6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal 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: Otto MILLER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 (904) 862-2743

CR2E034 (12/95)