FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

95 MAR 23 AM 10:21

DOCUMENT #148967

1. Corporation Name
LAND PROGRAMS, INC.

Principal Place of Business / Mailing Address
2613 26TH CT.
JUPITER, FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (Domiciled): MARCH 1974
3a. Date of Last Report: 1994

2. Principal Place of Business
21 2613 26TH CT.
Suite, Apt #, etc. 22
City & State 23 JUPITER, FL
Zip 24 33477 Country 25 PALM BEACH

2a. Mailing Address
26 2613 26TH CT
Suite, Apt #, etc. 27
City & State 28 JUPITER FL
Zip 29 33477 Country 30 PALM BEACH

4. FEI Number: 59-1520697
Applied For / Not Applied For

5. Combined State Tax (Sales): [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. This corporation has subsidiaries for disclosure on Form DE-1 Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of ~~New~~ Registered Agent
81 Name: RICHARD J. WAGONSELLER
82 Street Address (P.O. Box Number is Not Acceptable): 2613 26TH CT.
83
84 City: JUPITER FL 85 Zip Code: 33477

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: Richard J Wagonseller 3/15/95
Signature of a member of the board of directors or authorized officer — Signature of Registered Agent (required if applicable)

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PRES. SECT. TREAS. |
| NAME | RICHARD J. WAGONSELLER |
| STREET ADDRESS | 2613 26TH CT. |
| CITY, ST, ZIP | JUPITER, FL 33477 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
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| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | [ ] Change [ ] Add/Delete |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | [ ] Change [ ] Add/Delete |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | [ ] Change [ ] Add/Delete |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | [ ] Change [ ] Add/Delete |
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| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | [ ] Change [ ] Add/Delete |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

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14. I do hereby certify that the information supplied with this report is accurately furnished and 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 I am aware that false information submitted in a report pursuant to Chapter 607, Florida Statutes, may be punished by fine or imprisonment or both as provided in Section 817.155, Florida Statutes.

SIGNATURE: Richard J Wagonseller 3/15/95 (407) 743-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RW 3-23-95