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Mar 21 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 # 457600 (5)

1. Corporation Name
LAND RESOURCES INVESTMENT CO.



Principal Place of Business
ATTN: DENNIS P COYLE
700 UNIVERSE BLVD/P.O. BOX 14000
JUNO BCH FL 33408

Mailing Address
ATTN: DENNIS P COYLE
700 UNIVERSE BLVD/P.O. BOX 14000
JUNO BCH FL 33408-2657

3. Date Incorporated or Qualified 08/28/1974	3a. Date of Last Report 03/12/1996
4. FEI Number 59-1565989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

LEON, J E
9250 W. FLAGLER ST.
MIAMI FL 33174

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 and printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HERTZ, JAMES E	
STREET ADDRESS	11770 US HWY #1	
CITY- ST- ZIP	N PALM BCH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DAVIS, K MICHAEL	
STREET ADDRESS	9250 W FLAGLER ST	
CITY- ST- ZIP	MIAMI, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COYLE, DENNIS P	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY- ST- ZIP	JUNO BCH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CHISM, JOHN M.	
STREET ADDRESS	11770 U S HIGHWAY ONE	
CITY- ST- ZIP	NORTH PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KELLEHER, LAWRENCE J.	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY- ST- ZIP	JUNO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 and Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dennis P. Coyle

03/06/97 (561) 694-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0301502

CR2E034 (9/96)