

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 546859 (0)

1. Corporation Name

SOUTHERN LAND GROUP, INC.



Principal Place of Business

Mailing Address

3547 SW CORPORATE PARKWAY
PALM CITY FL 34990

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PALM CITY FL 34990

3. Date Incorporated or Qualified
08/25/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1772247

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRY, STEPHEN
3547 S W CORPORATE PARKWAY
PALM CITY FL 34990

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 the corporation

(NOTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VR
NAME GIUNTA, DAVID R
STREET ADDRESS 3200 KIRBY DRIVE, STE 220
CITY-STATE-ZIP HOUSTON TX

TITLE DST
NAME ENGLISH, BETTY
STREET ADDRESS 3547 SW CORPORATE PARKWAY
CITY-STATE-ZIP PALM CITY FL

TITLE DP
NAME CUMMINGS, PETER
STREET ADDRESS 3547 SW CORPORATE PARKWAY
CITY-STATE-ZIP PALM CITY FL

TITLE XX
NAME MICHELBERGER, GENE
STREET ADDRESS 3547 SW CORPORATE PARKWAY
CITY-STATE-ZIP PALM CITY FL

TITLE DVP
NAME FRY, STEPHEN
STREET ADDRESS 3547 S W CORPORATE PARKWAY
CITY-STATE-ZIP PALM CITY FL

TITLE VEX V
NAME CUMMINGS, KEITH L
STREET ADDRESS 3547 S W CORPORATE PARKWAY
CITY-STATE-ZIP PALM CITY FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 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

Stephen Fry, Vice President

4/11/96

(407) 288-0788

Date Daytime Phone #

CR2E034 (12/95)