FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **631404** **(1)**

1. Corporation Name
FIVELAND INVESTMENTS, INC.

Principal Place of Business
5550 WEST 26TH ST
STE 6
BRADENTON FL 34207
US

Mailing Address
5550 26 ST W
#6
BRADENTON FL 34207
US

3. Date Incorporated or Qualified: 07/31/1979
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21 400 Madison Drive
Suite, Apt. #, etc.
22 #200
City, & State
23 Sarasota, FL
Zip 24 34236 Country 25 USA

2a. Mailing Address
26 400 Madison Drive
Suite, Apt. #, etc.
27 #200
City & State
28 Sarasota, FL
Zip 29 34236 Country 30 USA

4. FEI Number: 59-1879953 — 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
ABATE, ANTHONY
240 S PINEAPPLE AVE
SARASOTA FL FL 34236

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 of a member of the board of directors or trustees) (Signature of new Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEINBAUM, MELVIN	1.2 NAME	
STREET ADDRESS	488 PARTRIDGE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, EUGENE	2.2 NAME	
STREET ADDRESS	245 GREAT NECK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREAT NECK NY	2.4 CITY-ST-ZIP	
TITLE	R ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	STEFFENS, THEODORE C.	3.2 NAME	
STREET ADDRESS	5550 2601 ST. W, SUITE 6	3.3 STREET ADDRESS	400 Madison Drive #200
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 is added in Block 13 with an address.

SIGNATURE: 2/13/96 941-755-6965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #