

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **658790** (1)

FINANCIAL & LAND MANAGEMENT CORP.



Principal Place of Business: **4707 LEONA STREET TAMPA FL 33629-7616**  
Mailing Address: **4707 LEONA STREET TAMPA FL 33629-7616**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Sub: Apt. #, etc.	26. Sub: Apt. #, etc.	03/11/1980	01/25/1995
22. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
23. Zip	28. Zip	59-2089111	5. Certificate of Status Desired <input type="checkbox"/>
24. Country	29. Country		\$8.75 Additional Fee Required
	30. Country		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 type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MOREHEAD, HARRY T.  
4707 LEONA STREET  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	DP <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MOREHEAD, HARRY T.	2. NAME	
3. STREET ADDRESS	4707 LEONA STREET	3. STREET ADDRESS	
4. CITY - ST - ZIP	TAMPA, FL 00000	4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY - ST - ZIP		8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY - ST - ZIP		12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY - ST - ZIP		16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY - ST - ZIP		20. 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 199.03(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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 registered 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 being deleted or an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/15/96  
DISPATCH FEE

CR2E034 (12/95)