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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 667746

(2)

1. Corporation Name

BOUNTIFUL LANDS, INC.

Mailing Address



401 - 4511154											
101 E STUART LAKE WALES F			101 E STUA Lake wale								
							3. Date Incorporated or Q 04/16/1980	Qualified	3a. Date of 05/0	Last Rep 1/1995	
2. Principal Plac	ce of Business		2a. Mailing Ad	dress			4. FEI Number			A	oplied For
1			26				59-2106125			N	ot Applicable
Suite, Apt. #, etc.		F-1	Suite, Apt. #, etc.		5. Certificate of Status De	esired			Additional equired		
City & State			City & Sta	ate			6. Election Campaign Fina Trust Fund Contribution	n	L	Added	May Be to Fees
Zip 4	25	untry	Zip 29		Countr	у	This corporation has lia     Florida Statutes	X Yes	□ No		199.032,
<u> </u>		dress of Curre	nt Registered Age	ent			10. Name and Address of	of New Re	gistered Ag	ent	
					81	Name					
Fazzini, John P. 101 e Stuart ave						2 Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	LES FL 33853				83	3					
					8-	'	oration submits this statement fr		FL		Code
familiar with	n, and accept the o	oligations of, Sec	ction 607.0505, Flor	ida Statutes.		po. 0	oration submits this statement fi lard of directors. I hereby accep				
SIGNATURE _	Slonar in broad or printed :	ane of registered and	et enditik: if applicable.		TE: Registered Ag	jent signaturo requi	ired wher: reinstating)		DATE		
	Signature, typiod or printed		erland fille l'applicable. ND DIRECTORS	0.4	TE: Registered Ag	ent signaturo requi	ired wher: reinstating) ADDITIONS/CHANGES	S TO OFFIC	ERS AND D		
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14. I do hereby certify the Information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 1 and a state and securate and that the information in a citied 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 officially or objector 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 14 k 1 if changed, or on an attachment with an address.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone ♥