

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 680430 (6)

1. Corporation Name
AGRICULTURAL LAND SERVICES, INC.



Principal Place of Business
12265 STATE RD. #7
BOYNTON BEACH FL 33437

Mailing Address
12265 STATE RD. #7
BOYNTON BEACH FL 33437

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

LINES, BOBBY G
12265 STATE RD. #7
BOYNTON BEACH FL 33437

3. Date Incorporated or Qualified
07/31/1980

3a. Date of Last Report
05/31/1995

4. FEI Number
59-2009318

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

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 or printed name of registered agent and the applicable

(with Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LINES, RACHEL G
STREET ADDRESS 988 CLYDESDALE DR
CITY-STATE-ZIP LOXAHATCHEE, FL 00000

DELETE

TITLE TO
NAME LINES, BOBBY G
STREET ADDRESS 988 CLYDESDALE DR
CITY-STATE-ZIP LOXAHATCHEE, FL 00000

DELETE

TITLE S
NAME FINDEISEN, MARY
STREET ADDRESS 100 LAKEVIEW DR., #312
CITY-STATE-ZIP FT. LAUDERDALE FL

DELETE

TITLE V
NAME ENGLEHARDT, JOHN
STREET ADDRESS 117 SPANISH PINE TERR
CITY-STATE-ZIP ROYAL PALM BEACH FL

DELETE

TITLE V
NAME SHEPPARD, ROGERS L.
STREET ADDRESS 523 ENFIELD ROAD
CITY-STATE-ZIP DELRAY BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

Change Addition

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

Change Addition

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

Change Addition

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

Change Addition

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

Change Addition

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

Change Addition

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

Change Addition

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

4-16-96

(407)732-6105