

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # 688758 (2)
1. Corporation Name
CENTRAL FLORIDA LAND AND CATTLE COMPANY, INC.



Principal Place of Business
4811 HIGHGROVE ROAD
P. O. BOX 10084
TALLAHASSEE FL 32302

Mailing Address
4811 HIGHGROVE ROAD
P. O. BOX 10084
TALLAHASSEE FL 32302-2084

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1980		3a. Date of Last Report 03/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2135114		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		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

DUNBAR, PETER M., ESQ.
4811 HIGHGROVE ROAD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	P, D
NAME	RIDEL, MIRIAM	1.2 NAME	DUNBAR, SUSAN B.
STREET ADDRESS	10280 SW 110TH ST.	1.3 STREET ADDRESS	4811 Highgrove Rd
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Tallahassee FL 32308
TITLE	STD	2.1 TITLE	D
NAME	DUNBAR, SUSAN B.	2.2 NAME	Gomez, Jane
STREET ADDRESS	4811 HIGHGROVE ROAD	2.3 STREET ADDRESS	14418 85th Ave No
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	Seminole, FL
TITLE	PD	3.1 TITLE	
NAME	GOMEZ, JORGE A	3.2 NAME	
STREET ADDRESS	14418 85TH AVENUE NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	
NAME	RIDEL, CYNTHIA	4.2 NAME	
STREET ADDRESS	10280 SW 110TH ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	
NAME	ROMAN, PETER	5.2 NAME	
STREET ADDRESS	2484 ALHAMBRA COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	DUNBAR, PETER M.	6.2 NAME	
STREET ADDRESS	4811 HIGHGROVE ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0046178

CR2E034 (9/96)