

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **688758** (2)  
1. Corporation Name  
**CENTRAL FLORIDA LAND AND CATTLE COMPANY, INC.**

Principal Place of Business <b>4811 HIGHGROVE ROAD P. O. BOX 10094 TALLAHASSEE FL 32302</b>	Mailing Address <b>4811 HIGHGROVE ROAD P. O. BOX 10094 TALLAHASSEE FL 32302</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/23/1980</b>	
4. FEI Number <b>59-2135114</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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	NAME	1.1 TITLE	1.2 NAME
VD	RIDEL, MIRIAM		
	10260 SW 110TH ST.	1.3 STREET ADDRESS	
	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
PD	DUNBAR, SUSAN B.		
	4811 HIGHGROVE ROAD	2.3 STREET ADDRESS	
	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
D	GOMEZ, JANE		
	14418 85TH AVENUE NORTH	3.3 STREET ADDRESS	
	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
VD	RIDEL, CYNTHIA		
	10260 SW 110TH ST.	4.3 STREET ADDRESS	
	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
VD	ROMAN, PETER		
	2484 ALHAMBRA COURT	5.3 STREET ADDRESS	
	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
D	DUNBAR, PETER M.		
	4811 HIGHGROVE ROAD	6.3 STREET ADDRESS	
	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Susan Dunbar* Susan Dunbar 4/27/98 850 668-7752

CR2E034 (10/97)