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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 696557

(8)

FILED Mar 02 1998 8:00am Secretary of State

1. Corporation Name CO-OPERATIVE LAND, INC.													
Pi	Principal Place of Business Mailing Address							7	t andian diana lanta Alimb Arabi Zaria il	(B) 81811 91911	ALEIN BIL	TEL MINEL NINIS INDI	
9801 MICCOSUKEE RO #23A TALLAHASSEE FL 33208			9601 MICCOSUKEE RD #23A TALLAHASSEE FL 33208			DO NOT WRITE IN THIS SPACE							
									Date Incorporated or Qualified 07/29/1981				
_	Principal Place of Busi	2a. Mailing Address				4.	FEI Number		_	Applied For			
21		26					┵	59-2165368			Not Applicable		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		7	75 Additional e Required				
23	City & State	City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees				
24	Zip	Country 25	Zip Coi			itry		8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. X Yes No					
	9. Name	and Address of Curren	it Registered Agent					10. Name and Address of New Registered Agent					
GREEN AND FONWELLE, P.A. 1017 THOMASVILLE ROAD TALLAHASSEE FL 32303						B1	Name						
						82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)					
						33							
						34	City		<u>.</u>	FL		Zip Code	
11	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													
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered A 12. OFFICERS AND DIRECTORS 13.							Apent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
	TITLE DO DELETE 1570							Change Addition					

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE												
12.	Signature, typed or printed name of registered agent and title if OFFICERS AND DIREC		Registered Agent signature req		OFFICERS AND DIRECTOR	O IN 40						
	PD OFFICERS AND DIREC	DELETE	4	ADDITIONS/CHANGES TO		Addition						
TITLE	• •	L DECEIE	1.5 TITLE		Change	Adultion						
NAME	POWERS, DEBORAH		1.2 NAME									
STREET ADDRESS	3885 IMAGINARY ROAD		1.3 STREET ADDRESS									
CITY-ST-ZIP	TALLAHASSE FL		1.4 CITY - ST - ZIP									
TITLE	VD	DELETE	2.1 TITLE		Change	☐ Addition						
NAME	MITCHELL, PATTY		2.2 NAME									
STREET ADDRESS	9601 MICCOSUKEE RD #62		2.3 STREET ADDRESS		•							
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP									
TITLE	D	DELETE	3.1 TITLE		☐ Change	☐ Addition						
NAME .	RYCHLIK, SARAH		3.2 NAME									
STREET ADDRESS	9601 MICCOSUKEE RD #68		3.3 STREET ADDRESS									
CITY-ST-ZIP	TALLAHASEE FL		3.4. CITY - ST-ZIP									
TITLE	D	DELETE	4.1 TITLE		☐ Change	☐ Addition						
NAME	BRIGHTBILL, JANE		4, 2 NAME									
STREET ADDRESS	9601 MICCOSUKEE RD #9		4.3 STREET ADDRESS									
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP									
TITLE	D	DELETE	5.1 TITLE		Change	☐ Addition						
NAME	WILDE, BILLY		5.2 NAME									
STREET ADDRESS	9601 MICCOSUKEE RD #2		5.3 STREET ADDRESS									
CITY-ST-ZIP	TALLAHASSEE FL	<u>.</u>	5.4 CITY-ST-ZIP									
TITLE	STD	DELETE	6.1 TITLE		☐ Change	Addition						
NAME	HOWARD, PRESTON		6.2 NAME			ĺ						
STREET ADDRESS	9601 MICCOSUKEE RD #43		6.3 STREET ADDRESS									
	TALLAHAQQEE EL					1						

14. I hereby certify that the information supplied with this filling 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 of 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 additional mathematical execution of the corporation of th

SIGNATURE:

7-14-98 850/878-1937