

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

FILED  
Jun 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **804653** (4)  
1. Corporation Name  
**SOUTHERN STATES LAND AND TIMBER CORPORATION**



Principal Place of Business <b>228 ST CHARLES AVENUE SUITE 716 NEW ORLEANS LA 70130-2607</b>	Mailing Address <b>228 ST CHARLES AVENUE SUITE 716 NEW ORLEANS LA 70130-2607</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>12/11/1936</b>	3a. Date of Last Report <b>11/04/1996</b>
				4. FEI Number <b>59-0458270</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>Steven A. Mayans, Esq. Fitzgerald Hawkins et al Northbridge Centre, Suite 900 515 N. Flagler Drive West Palm Beach, FL 33402</b>				10. Name and Address of New Registered Agent 81 Name <b>← This was on last year's report.</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 line if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEMMANN, THOMAS B</b>	1.2 NAME	
STREET ADDRESS	<b>201 ST. CHARLES AVE, #3300</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ORLEANS LA 70130</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINZ, SHIRLEY J</b>	2.2 NAME	
STREET ADDRESS	<b>652 CYPRESS KEY CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIS FL 33462</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRIGHT, EDGAR A G JR</b>	3.2 NAME	
STREET ADDRESS	<b>300 ONE SHELL SQUARE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ORLEANS LA 70175</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD K. LEEFE</b>	4.2 NAME	
STREET ADDRESS	<b>3900 CAUSEWAY BLVD. SUITE 1470</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>METairie LA</b>	4.4 CITY-ST-ZIP	
TITLE	STX <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUINTANA, KIMBERLEY M</b>	5.2 NAME	<b>Not a Director</b>
STREET ADDRESS	<b>228 ST CHARLES AVE #716</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMBRE, RONALD C.</b>	6.2 NAME	
STREET ADDRESS	<b>1815 POYDRAS STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	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 if changed, or on an attachment with an address.

SIGNATURE: *Kimberley M. Quintana* *Kimberley M. Quintana* 6/16/97 574-523-4401

CR2E034 (9/96)