


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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 804653 (4)</b> 1. Corporation Name <b>SOUTHERN STATES LAND AND TIMBER CORPORATION</b>					
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>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/11/1936</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-0458270</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	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 <b>MAYANS, STEVEN A FITZGERALD HAWKINS ET AL 515 N. FLAGLER DRIVE, SUITE 900 WEST PALM BEACH FL 33402</b>				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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	LEMANN, THOMAS B				
STREET ADDRESS	201 ST CHARLES AVE, #3300				
CITY - ST - ZIP	NEW ORLEANS LA 70130				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HINZ, SHIRLEY J				
STREET ADDRESS	652 CYPRESS KEY CIRCLE				
CITY - ST - ZIP	ATLANTIS FL 33462				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	BRIGHT, EDGAR A JR				
STREET ADDRESS	300 ONE SHELL SQUARE				
CITY - ST - ZIP	NEW ORLEANS LA 70175				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LEEFE, RICHARD K				
STREET ADDRESS	3900 CAUSEWAY BLVD. SUITE 1470				
CITY - ST - ZIP	METAIRIE LA				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	QUINTANA, KIMBERLEY M				
STREET ADDRESS	228 ST CHARLES AVE #716				
CITY - ST - ZIP	NEW ORLEANS LA				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	CAMBRE, RONALD C				
STREET ADDRESS	1615 POYDRAS STREET				
CITY - ST - ZIP	NEW ORLEANS LA				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

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 *K. Cambre*