## 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 #

(5)

IOWA LAND AND GENERAL DEVELOPMENT CORPORATION, I NC.

## **FILED** May 04 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing	ailing Address					- 1 200191 10119 12000 21112 01010 01200 1111 01011 01011 01011 01011 01011					
214 NE 4TH STREET 2				214 NE 4TH STREET									
DELRAY BEACH FL 33444			DELRAY BEACH FL 33444						50	NAT WORK			
								-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
								3.	•	Guainieu			
2. Principal P	lace of Business		2a Ma	iling Address					10/29/1969 FEI Number			7-17	Applied For
21			26					"	41-6020439				Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.									Additional	
22			27				5.	. Certificate of Status	Desired			Required	
City & State			City & State				6.	. Election Campaign F	inancing	<del></del>	\$5.0	D May Be	
23			28						Trust Fund Contribut	ion			to Fees
Zip		ountry	7 ip		Co	untry		8.	This corporation owe	s or has paid			ntangible
24	25		29		30				Personal Property Te				□No
	<del></del>	ddress of Current I	erefaigef	d Agent		61	Mana		, Name and Address	of New Reg	istered A	jent	<del>,</del>
	CH, WILLIAM F.					61	Name	е					
	E ATLANTIC A					Street	et Address (F	P.O. Box Number is N	ot Acceptable	e)			
DE	lray beach fl	. 33444				<b>B3</b>				<del> </del>			
						63							ĺ
						84	City				<b></b>	85 Zij	Code
44 Duramont	le the previous s	Costono COZ OCOZ		COO Clasida Ctatud	nn the n			d samestis	on submits this statem	and facility as	FL		its sociational
office or ri	<b>egiste</b> red agent, o	r both, in the State of	Florida, S	Such change was	authorize	ed by	the cor	orporation's t	board of directors. I he	ereby accept	the appoi	ntment a	is registered
agent I a	m familiar with, an	d accept the obligation	ons of, Se	ction 607.0505, FI	orida Sta	itutes	S.						
SIGNATURE	Signature Iyood or printe	d name of registings agent a	nd life if aan	Icable (NO)	F. Registere	nd Ann	nt signatur	ure required when	n reinstating)		DATE		
12.		OFFICERS AND D			13.				ADDITIONS/CHANGE	S TO OFFICE		DIRECTO	DRS IN 12
TITLE	PD			DELETE	1.1 T	ITLE				***************************************		Change	
NAME	KOCH, WILLI	AM F. JR.			1.2 N	IAME							
STREET ADDRESS 900 E. ATLANTIC AVENUE, #1			}	1.3 ST			1.3 STREET ADDRESS						
CITY-ST-ZIP	<b>DE</b> LRAY BEA	CH FL			140	HTY-S	1 · ZIP						
TITLE	۷D			DELETE	2.1 T	ITLE						☐ Change	☐ Addition
NAME	Strawn, Jo	EL T.			22 N	IAME							
STREET ADDRESS	54 N.E. 4TH .				23S	TAEET	<b>ADDRESS</b>	S					
CITY-ST-ZIP	DELRAY BEA	CH FL			2.41	CITY-S	ST-ZIP						
TITLE	TS			☐ DELETE	311	IŦLE					L	Change	Addition
NAME	gwynn, wil				3 2 N	IAME							
STREET ADDRESS	217 N.E. 4TH				335	THEET	ADDRESS	3					1
CITY-ST-ZIP	DELRAY BEA	CH FL		T Server		CITY - S	ST-ZIP	<del>                                     </del>		<del> </del>		1 0000	1 1 1 1 1 1 1 1
TITLE	TAS			☐ DELET <b>e</b>	4.1 T						L	Change	☐ Addition
NAME	GWYNN, WIL	_				NAME							
STREET ADDRESS	214 NE 4TH						ADDRESS	8					
CITY-ST-ZIP	DELRAY BCH	<u>FL</u>		DEFEE		ITY-S	T-ZIP					Change	Addition
TITLE				L DELETE	5.1 T						L	Change	☐ Addition
NAME					5.2 N		4000000	, [					ł
STREET ADDRESS					1		ADDRESS	·					1
CITY-ST-ZIP				DELETE		ITY-S	I - ZIP			<del></del>	<del></del>	Change	☐ Addition
TITLE					6.1 7						L	T Amunde	
NAME CTREET ADDRESS					6.2 N		*000000	, [					
STREET ADDRESS							ADDRESS	· [					]
CITY-ST-ZIP	partiful that the infor	nation cumplied with	thic filing	dose not qualify f		TY-S		tod in Contin	on 110 07/2V// Elected	Statuton I f	uthor ood	fu that th	o information

Indicated on this annual report or supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.