

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 840628 (2)**  
1. Corporation Name  
**SIF LAND, INC.**



Principal Place of Business: **PERUCCHI-BAGGI  
6901 LUGANO  
PIAZZA MONTE CENERI 9 SWITZE**

Mailing Address: **ARNOLD, FRANCESCA  
RT. 2, BOX 121  
GREENVILLE FL 32331  
US**

3. Date Incorporated or Qualified: **05/11/1978**      3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-1935382**      Applied For:  Applied For  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [ ]  
Suite, Apt. #, etc.: 22 [ ]  
City & State: 23 [ ]  
Zip: 24 [ ]      Country: 25 [ ]

2a. Mailing Address: 26 [ ]  
Suite, Apt. #, etc.: 27 [ ]  
City & State: 28 [ ]  
Zip: 29 [ ]      Country: 30 [ ]

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ARNOLD, FRANCESCA  
RT. 2, BOX 121  
GREENVILLE FL 32331**

81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ]      85 Zip Code: **FL** [ ]

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**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
	<b>D ARNOLD, FRANCESCA RT. 2, BOX 121 GREENVILLE FL</b> <input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>S ARNOLD, DAVID RT. 2, BOX 121 GREENVILLE FL</b> <input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*      4-27-96      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)