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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F05377
1. Corporation Name
LAND N' SEA CORP.

(9)

FILED Apr 23 1997 8:00am Secretary of State

Principal Place of Business 2801 NW 55 CT BLDG. 6W FT LAUDERDALE FL 33309 US		Mailing Address 2801 NW 55 CT BLDG. 6W FT LAUDERDALE FL 333 US	2801 NW 55 CT BLDG. 6W FT LAUDERDALE FL 33309-2501		3. Date incorporated or Qualified 3a. Date of Last Report		
					11/13/1980	02/05/1996	10.0
2. Principal Place of Business		2a. Maiting Address		4. FEI Number	├	pplied For	
Sulte, Apt.	# etc	Suite, Apt. #, etc.			65-0008722		ot Applicable
12	w, 010,	27			5. Certificate of Status Desired		Additional lequired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
Zip	Country	28] Zip	Count				to Fees
24	25	29	30	ry	8. This corporation has hability for int Florida Statutes	angibte tax under : Yes	s 199.032
71	9. Name and Address of Cur		1301		10. Name and Address of New Regi		
BRO	OPHY, JAMES R.		8	1 Name	oberta S. Carlson	,	
	5 NW 72 WAY				dress (P.O. Box Number is Not Acceptable)		
PAR	RKLAND FL 33067			43	331 NW 107th Avenue		
			8	3			
			8	4 City		E 85 Zip	Code
11. Purcuant	to the provisions of Soctions 607	0502 and 607 1508 Florida State	itos the also	L Co	oral Springs	CL 33	065
Office or r	registered agent, or both, in the Si	tale of Florida, Such change was	authorized t	by the corpora	pral SPrings poration submits this statement for the puration's board of directors. I hereby accept	the appointment as	registered
SIGNATURE	William Willi, and accept the of	u lon Teos	72.77A	CANIS	a. 1	1.91	
OKNINA LUME							
	Signature, typed or printed name of registered	d agent and title if applicable (NC	If . Registered A	gent signature requ	uired when reinstating)		
12.	OFFICERS	d agent and title if applicable (tvC AND DIRECTORS	off . Beg stored A	gent signature requ	uited when reinstalling) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
12. TITLE	OFFICERS PD	d agent and title if applicable (NC	13.	gent signature requ	uired when reinstating)		
12. TITLE NAME	PD BROPHY, JAMES R.	d agent and title if applicable (tvC AND DIRECTORS	13. 1.1 TITLE	gent signature requi	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
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mornaum initiated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of a man officer or director 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.

954 485 55312