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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F11400 (1)

1. Corporation Name
ENGLEWOOD LAND, INC.



Principal Place of Business

1100 SOUTH 5TH AVE
STE 201
NAPLES FL 33940
US

Mailing Address

1100 SOUTH 5TH AVE
STE 201
NAPLES FL 34102-6488
US

3. Date Incorporated or Qualified
12/18/1980

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34102 Country

24 34102 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 34102 30 Country

4. FEI Number
59-2051575

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

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
% CHUTTS & BOWEN
201 S BISCAYNE BLVD
MIAMI FL 33131

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 TD
NAME WANKLYN, JOHN A.
STREET ADDRESS 1100 SOUTH 5TH AVE #201
CITY-ST-ZIP NAPLES FL

TITLE PD
NAME PICKEL, GARY R.
STREET ADDRESS 1100 SOUTH 5TH AVE #201
CITY-ST-ZIP NAPLES FL

TITLE S
NAME PERRONE, STEPHEN L
STREET ADDRESS 201 S BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 34102

2.1 TITLE SD
2.2 NAME Connor, Sylvia
2.3 STREET ADDRESS 7505 San Miguel Way
2.4 CITY-ST-ZIP Naples, FL 34109

3.1 TITLE ASSISTANT SECRETARY
3.2 NAME DEPAUL ANITA
3.3 STREET ADDRESS 4921 2ND AVE S.W.
3.4 CITY-ST-ZIP NAPLES, FL 34116

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)