

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F55350 (5)

1. Corporation Name

CENTURY LAND CORPORATION



Principal Place of Business

115 MCKEE LANE
VERO BEACH FL 32960-4218

Mailing Address

115 MCKEE LANE
VERO BEACH FL 32960-4218

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1981		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2236366		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

FENNELL, DARRELL
979 BEACHLAND BLVD.
VERO BCH. FL 32963

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 filer of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1. TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINDQUIST,			12. NAME	LINDQUIST, MELINDA		
STREET ADDRESS	10095 DUDLEY DRIVE			13. STREET ADDRESS	1000 DUDLEY DRIVE		
CITY-ST-ZIP	LAMSVILLE MD			14. CITY-ST-ZIP	LAMSVILLE, MD 21754		
TITLE	DV	<input type="checkbox"/> DELETE		2. TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FENNELL, DARRELL			22. NAME			
STREET ADDRESS	979 BEACHLAND BLVD			23. STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			24. CITY-ST-ZIP	ZIP 32963		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		3. TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, EDMUND D			32. NAME	DECEASED		
STREET ADDRESS	1120 20TH ST NW			33. STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20036			34. CITY-ST-ZIP			
TITLE	CDT	<input type="checkbox"/> DELETE		4. TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKEE, D. LEWIS			42. NAME			
STREET ADDRESS	115 MCKEE LANE			43. STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			44. CITY-ST-ZIP	ZIP 32960		
TITLE	DP	<input type="checkbox"/> DELETE		5. TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALSH, BESSIE MCKEE			52. NAME			
STREET ADDRESS	120 MCKEE LANE			53. STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			54. CITY-ST-ZIP	ZIP 32960		
TITLE		<input type="checkbox"/> DELETE		6. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY-ST-ZIP				64. CITY-ST-ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1996 (407) 567-9630

CR2E034 (12/95)