

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F58262

(9)

1. Corporation Name

FLORILAND CORPORATION

Principal Place of Business

1. JAMES W. PEEPLES, III
805 N. ORLANDO AVENUE
COCOA BEACH FL 32931

Mailing Address

1. JAMES W. PEEPLES, III
805 N. ORLANDO AVENUE
COCOA BEACH FL 32931-3168

2. Principal Place of Business

21 415 PINEDA CT.

2a. Mailing Address

26 415 PINEDA CT.

Suite, Apt. #, etc.

22 Suite A

27 Suite, Apt. #, etc.

27 Suite A

City & State

23 MELBOURNE, PL

28 City & State

28 MELBOURNE, PL

Zip

24 32940

Country

25

29 Zip

29 32940

Country

30

9. Name and Address of Current Registered Agent

PEEPLES III, JAMES W.
805 N. ORLANDO AVENUE
COCOA BEACH FL 32931

81 Name

CHRISTOPHER J. COLEMAN, ESO.

82

Street Address (P.O. Box Number is Not Acceptable)

1800 W. HIBISCUS AVE.

83

Suite 138

84 City

MELBOURNE.

FL 32901

11. Pursuant to the provisions of Section 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 re-registering)

DATE

3/18/97

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CLERK, JEAN YVES	<input type="checkbox"/> DELETE	11. TITLE	PDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			12. NAME	clerc, JEAN Yves	
STREET ADDRESS	415 PINEDA CT		13. STREET ADDRESS	415 PINEDA CT, SUITE A	
CITY-ST-ZIP	MELBOURNE FL		14. CITY-ST-ZIP	MELBOURNE, PL 32940	
TITLE	PDST	<input checked="" type="checkbox"/> DELETE	21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEPLES III, JAMES W.		22. NAME		
STREET ADDRESS	805 N. ORLANDO AVENUE		23. STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		24. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32. NAME		
STREET ADDRESS			33. STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME		
STREET ADDRESS			43. STREET ADDRESS		
CITY-ST-ZIP			44. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY-ST-ZIP			54. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61. 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 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 on an attachment with an address.

SIGNATURE

CR2E034 (9/96)



FILED
May 13 1997 8:00am
Secretary of State