Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F58262

Corporation Name

Principal Place of Business

FLORILAND CORPORATION

FILED Jul 01, 1999 8:00 am Secretary of State

07-01-1999 90006 022 ***550.00

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415 PINEDA C	т.	415 PINEDA CI	r.					
A . A MELBOURNE FL 32940 US US			1 32040			DO NOT WRITE IN THIS	SPACE	
			L 02010			3. Date Incorporated or Qualifed		
						12/11/1981		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21						59-2261724	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.			5. Certificate of Status Desired	\$8.75 Fee Re	
22 . City & Stor	to.	City & Sta				& Floation Compaign Financing	\$5.00	·
23	y & State City & State					6. Election Campaign Financing Trust Fund Contribution	Added	- 1
Zip	Country Zip			Country		8. This corporation owes the current year In		N.
24	25 29 30					Personal Property Tax.	Yes	⊠ No
	9. Name and Address of Curren	t Registered Ager	ıt	04		10. Name and Address of New Registered	Agent	
COL	THAN CHRISTONIED I			81	Name	IS R. MOSLEY, ESQ.		
	LEMAN, CHRISTOPHER J.			82	Street A	ddress (P.O. Box Number is Not Acceptable)	****	
	O W. HIBISCUS AVE.				1221	EAST NEW HAVEN AVENUE		
	. 138			83				
MEL	LBOURNE FL 32901			84	014		as 7in	Code
				84	City MET.P	SOURNE FI	11	901
office or i	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such ch	ange was autho	orized by	-named corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the apportunity of the purpose of the purpos	f changing its	registered
SIGNATURE		(CURTIS R	. MOS	T.RY	6/29/	99	
SIGNATURE	Signature, typed or printed name of registered agen		(NOTE: Reg	stered Agen	t signature req	uired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DST	X	X ELETE	1,1 TITLE		?D	☐ Change	XX Addition
NAME	CLERC, JEAN YVES		- 1	1.2 NAME		REDERICK MESSARA		
STREET ADDRESS	415 PINEDA CT., STE. A			1.3 STREET		ll avenue princesse grace 4C 98000 monte carlo		l
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-S		MONACO — — — — — — — — — — — — — — — — — — —		
TITLE	70		DELETE	2.1 TITLE		SD	Change	XX Addition
NAME	FREDERICK MESSARA	-		2.2 NAME		MARIE THERESE MESSARA		
STREET ADDRESS	11 AVENUE PRINCESSE	GRACE		2.3 STREET		11 AVENUE PRINCESSE GRACE		
	WC 30000 MONIE CHKT	0 -		2.4 CITY-S	1.5	MC 98000 MONTE CARLO		
CITY-ST-Z/P	MONACO		DELETE	3.1 TITLE		TONACO	Change	XX Addition
TITLE "	SD MARIE THURESE MESSA	·		Ser Hilliam		`	Citation	
NAME				2.2 MARGE	1-) PIRTIS R MOSLRY	[] Criange	ì
	11-AVENUE PRINCESSE			3.2 NAME	Ġ	CURTIS R. MOSLEY	[] Criange	
STREET ADDRESS	MC 98000 MONTE CARL	CRACE		3.3 STREET	ADORESS 3	CURTIS R. MOSLEY 1221 EAST NEW HAVEN AVENUE	[] Criange	
CITY-ST-ZIP	MC 98000 MONTE CARL	CRACE	DELETE	3.3 STREET	ADORESS 3	CURTIS R. MOSLEY		Addition
CITY-ST-ZIP	MC 98000 MONTE CARL	CRACE	DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE	ADORESS 3	CURTIS R. MOSLEY 1221 EAST NEW HAVEN AVENUE	Change	☐ Addition
CITY-ST-ZIP	MC 98000 MONTE CARLA MONACO D CURTIG R MOSLEY	CRACE	DELETE	3.3 STREET	ADORESS 3	CURTIS R. MOSLEY 1221 EAST NEW HAVEN AVENUE		☐ Addition
CITY-ST-ZIP	MC 98000 MONTE CARLA MONACO CURTIS R. MOSLEY 1221 BAST NEW HAVEN	O AVENUE	DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE	TADORESS 3	CURTIS R. MOSLEY 1221 EAST NEW HAVEN AVENUE		☐ Addition
CITY-ST-ZIP TITLE NAME	MC 98000 MONTE CARLA MONACO CURTIS R. MOSLEY	O AVENUE		3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME	TADORESS I	CURTIS R. MOSLEY 1221 EAST NEW HAVEN AVENUE	☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MC 98000 MONTE CARLA MONACO CURTIS R. MOSLEY 1221 BAST NEW HAVEN	O AVENUE	DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET	TADORESS I	CURTIS R. MOSLEY 1221 EAST NEW HAVEN AVENUE		Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MC 98000 MONTE CARLA MONACO CURTIS R. MOSLEY 1221 BAST NEW HAVEN MELBOURNE, FL 32901	O AVENUE		3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	TADORESS TADORESS TADORESS TADORESS	CURTIS R. MOSLEY 1221 EAST NEW HAVEN AVENUE	☐ Change	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MC 98000 MONTE CARLA MONACO CURTIS R. MOSLEY 1221 BAST NEW HAVEN MELBOURNE, FL 32901	AVENUE		3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	CURTIS R. MOSLEY 1221 EAST NEW HAVEN AVENUE	☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC 98000 MONTE CARLA MONACO CURTIS R. MOSLEY 1221 BAST NEW HAVEN MELBOURNE, FL 32901	AVENUE	DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	CURTIS R. MOSLEY 1221 EAST NEW HAVEN AVENUE	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MC 98000 MONTE CARLA MONACO B CURTIG R. MOSLEY 1221 BAST NEW HAVEN MELBOURNE, PL 32901	AVENUE	DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	TADORESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	CURTIS R. MOSLEY 1221 EAST NEW HAVEN AVENUE	☐ Change	☐ Addition

14. Thereby 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 officeror with an address, with all other like empowered.

SIGNATURE:

IGNATURE RECORTISER MOSLEY, DIRECTOR

407/

Daytime Phone #

CR2E034 (11/9