

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

**FILED**  
**Apr 22 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 # F70895 (0)**  
 1. Corporation Name  
**DADE COUNTY LAND HOLDING COMPANY, INC.**



Principal Place of Business      Mailing Address  
**% C.F. ZELLERS, PRES.**      **% C.F. ZELLERS, PRES.**  
**P O BOX 1048**                      **P O BOX 1048**  
**ST. AUGUSTINE FL 32085**        **ST. AUGUSTINE FL 32085-1048**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/12/1982**                              **03/15/1996**

4. FEI Number      Applied For / Not Applicable  
**59-2170784**

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

2. Principal Place of Business      2a. Mailing Address

21      26

22      27

23      28

24      25      29      30

9. Name and Address of Current Registered Agent  
**PAINE, LAWRENCE**  
**1850 PRUDENTIAL DR. #400**  
**JACKSONVILLE FL 32207**

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	PD	<input type="checkbox"/> DELETE
NAME	ZELLERS JR, C F	
STREET ADDRESS	ONE MALAGA STREET	
CITY - ST - ZIP	ST AUGUSTINE FL 32084	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	THORNTON, W L	
STREET ADDRESS	ONE MALAGA STREET	
CITY - ST - ZIP	ST AUGUSTINE FL 32084	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	SMITH, T N	
STREET ADDRESS	ONE MALAGA STREET	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

*VISIT WEST, G.P. 1650 PRUDENTIAL DRIVE JACKSONVILLE FL 32207*

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:      DATE:      DAYTIME PHONE #

CR2E034 (9/96)