

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90027 005 ***158.75

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1. Entity Name
A.E. LAND CORP.



Principal Place of Business
4250 CORAL RIDGE DR
CORAL SPRINGS, FL 33065 US

Mailing Address
4250 CORAL RIDGE DR
CORAL SPRINGS, FL 33065 US

44025096



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03302004 Chg-P CR2E034 (10/03)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
13-3826784

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WEISMAN, ERIC S	
STREET ADDRESS	4250 CORAL RIDGE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURKLE, RONALD	
STREET ADDRESS	9130 W SUNSET BLVD	
CITY-ST-ZIP	LOS ANGELES, CA 90069	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	KARST, DARREN	
STREET ADDRESS	4250 CORAL RIDGE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAMPAGNA, GEORGE	
STREET ADDRESS	4250 CORAL RIDGE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schnug, Tony	
STREET ADDRESS	4250 Coral Ridge Drive	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tuchman, Alan	
STREET ADDRESS	4250 Coral Ridge Drive	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barney, Isabel	
STREET ADDRESS	4250 Coral Ridge Drive	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	DSUP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 5/30/04 Daytime Phone #: 954-255-4623