

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000002075 (8)

1. Corporation Name

LANDON ROSS CORP.

Principal Place of Business

1792 JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

Mailing Address

1792 JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

8. Name and Address of Current Registered Agent

NEWMAN, JOHN
1532 SE COLLETTE CIRCLE
PORT ST LUCIE FL 34952

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

4/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	HEDGEPETH, RONNIE		1.2 NAME
STREET ADDRESS	1792 JENSEN BEACH BLVD		1.3 STREET ADDRESS
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	NEWMAN, JOHN		2.2 NAME
STREET ADDRESS	1792 JENSEN BEACH BLVD		2.3 STREET ADDRESS
CITY-ST-ZIP	JENSEN BEACH FL		2.4 CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	ALLEN, ROBERT		3.2 NAME
STREET ADDRESS	8512 NE MELBA DRIVE		3.3 STREET ADDRESS
CITY-ST-ZIP	JENSEN BEACH FL		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. 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 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.

John E. Newman

Secretary

CR2E034 (10/97)