

09071999-90008-025-\$550.00-\$550.00

DUPLICATE DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 OCT -1 AM 11:54

DOCUMENT # F98000000078

MA FLORIDA LAND VENTURES, INC.



DO NOT WRITE IN THIS SPACE

Form with fields for Principal Place of Business, Mailing Address, City & State, and Country. Includes handwritten values like 02494 and 02494.

Form with fields for Date Incorporated or Qualified (01/08/1998), FEI Number (APPLIED FOR 04-3402883), and Certificate of Status Desired.

Form 9: Name and Address of Current Registered Agent. C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324.

Form 10: Name and Address of New Registered Agent. Fields for Name, Street Address, City, and Zip Code.

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.

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

Table with columns for OFFICERS AND DIRECTORS and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes entries for Abraham D. GOSMAN and Jeffrey P. Veteroul.

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.

SIGNATURE: SIGNATURE REQUIRED. Abraham D. GOSMAN. Date: [Signature]. Daytime Phone #:

CR2E034 (5/89)