

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90040 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000000457**

1. Corporation Name  
**HOLLAND LAND, INC.**



Principal Place of Business  
 717 N. HARWOOD STE 1200. LB128  
 DALLAS TX 75201

Mailing Address  
 717 N. HARWOOD STE 1200. LB128  
 DALLAS TX 75201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/26/1998**

2. Principal Place of Business

21 **541 S. Orlando Ave**

2a. Mailing Address

26 **541 S. Orlando Ave**

4. FEI Number

**75-2743 530**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

**Suite 210**

27 Suite, Apt. #, etc.

**Suite 210**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 City & State  
**Maitland FL**

28 City & State  
**Maitland FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip Country  
**32751 US**

29 Zip Country  
**32751 US**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOEKSEMA, DOUGLAS A</b>	
STREET ADDRESS	<b>541 SOUTH ORLANDO AVE., STE 210</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE	<b>VST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAGE, RANDY-J</b>	
STREET ADDRESS	<b>717 N HARWOOD STE 1200, STE LB128</b>	
CITY-ST-ZIP	<b>DALLAS TX</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CROW, HARLAN R</b>	
STREET ADDRESS	<b>2001 ROSS AVENUE, STE 3200</b>	
CITY-ST-ZIP	<b>DALLAS TX</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>TERWILLIGER, J R</b>	
STREET ADDRESS	<b>2859 PACES FERRY ROAD, STE 1400</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PATTERSON, THOMAS J</b>	
STREET ADDRESS	<b>717 HARWOOD, STE 1200 LB128</b>	
CITY-ST-ZIP	<b>DALLAS TX</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>ZANOWICK, JOAN C</b>	
STREET ADDRESS	<b>541 SOUTH ORLANDO AVE STE 210</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VST</b>
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: *Joan C. Zanowick* **Joan C. Zanowick AS** **4/30/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)