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Jan 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 # F98532

(7)

1. Corporation Name

JUPITER LAND INVESTMENTS, INC.

Principal Place of Business

~~528 BRACKENWOOD PL~~  
~~1016 GLEMONS ST. STE. #206~~  
~~PALM BEACH GARDENS FL 33418~~  
US

Mailing Address

528 BRACKENWOOD PL  
~~1016 GLEMONS ST. STE. #206~~  
PALM BEACH GARDENS FL 33418-9058  
US



3. Date Incorporated or Qualified

09/08/1982

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21 4365 OKEECHOBEE BLVD.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 SUITE B-10

Suite, Apt. #, etc.

27

City & State

23 W.P.B. FL.

City & State

28

Zip

24 33409

Country

25 Palm Bch

Zip

29

Country

30

4. FEI Number

59-2239084

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

MATTSON, DOUGLAS K.  
528 BRACKENWOOD PL  
PALM BEACH GARDENS FL 33418

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

1/14/97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MATTSON, DOUGLAS K  
STREET ADDRESS 1016 GLEMONS ST., #206  
CITY-ST-ZIP JUPITER FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 4365 OKEECHOBEE BLVD. # B-10  
1.4 CITY-ST-ZIP WPB, FL. 33409

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

(561) 686-7816

Date

Daytime Phone #

CR2E034 (9/96)