**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** H38912

1. Corporation Name

UNITED LAND DEVELOPMENT CORP.

Principal Place	of Business	Mailing Address				<u> </u>			
% KATZ. BARR 3701 GALT OCI FT.LAUDERDALI		% KATZ. BARRON. SOUITERO. LINDEN & FAUST 3701 GALT OCEAN DRIVE FT.LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						01/18/1985 4. FEI Number			pplied For
<del>-</del>	ace of Business	2a. Mailing Address						<del>-</del> -	ot Applicable
21	<u> </u>	Suite, Apt. #, etc.				59-2733361	_	<del></del> _	Additional
Suite, Apt. i	#, etc.	_ ' '				5. Certifcate of Status Desired			equired
22 City & State	<del>9</del>	City & State				6. Election Campaign Financing		\$5.00	May Be
City & State		<b>⊢</b> '	28			Trust Fund Contribution			to Fees
Zip Country		Zip Country				8. This corporation owes the curre	ent year Inta	ngible	
24	25	29 3	0	-		Personal Property Tax.	-	Yes	□No
-	9. Name and Address of Current	<u> </u>	I			10. Name and Address of New R	egistered /	Agent	
_				81	Name				
	IPCO, INC.		82 Street A			ss (P.O. Box Number is Not Accepta	ble)		
2699	SOUTH BAYSHORE DRIVE		- 1	_	Oll Coll Madio	Address (1.5. Box Hamber to Herricosphare)			
	E 700-A		Ţ			· · · · · · · · · · · · · · · · · · ·			
MIAMI FL 33133				84	City	y 85 Zip Code			Code
	·						FL		intornal
office or d	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autr	nonzea	DV th	ne corporation	n's board of directors. I hereby accep	t the appoir	itment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered .	Agent s	signature required	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	ICERS AN		
TITLE	PSD	☐ DELETE	1.1 111	LE				Change	☐ Addition
NAME	KELLA, RANDALL		1.2 NA	ME					,
STREET ADDRESS	3701 GALT OCEAN DRIVE 13		1.3 STI	1.3 STREET ADDRESS					}
CITY-ST-ZIP	FT.LAUDERDALE FL		1,4 C/TY-		ZIP				
TITLE		☐ DELETE	2.1 TIF	Œ				Change	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS		2.3		2.3 STREET ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	<u> </u>	2. 4 CITY-ST-ZIP		-ZIP				T Adres
TITLE	_			3.1 TITLE				Change	Addition i
NAME			3.2 NA						1
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	·			TY-ST-	-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TIT					Change	☐ Addition
NAME			4. 2 NA		1				l
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	·	- Delete	_	Y-ST-7	ZIP	,	_	[] Change	☐ Addition
TITLE		☐ DELETE	5.1 TIT					C1 cuanda	
NAME			5.2 NA						
STREET ADDRESS			•		ADDRESS				
CITY-ST-ZIP		□ DELETE	5.4 CII	Y-ST-	ZIP			Change	☐ Addition
TITLE		☐ DELETE	6.2 NA						المسامد ال
NAME .,	Contract to				NDDDECC				
ATELET . DESCRIP	İ		■ 6.3 S?	rue e I A	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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementar 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:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90249 027 \*\*\*150.00