

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

FILED  
Apr 28 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 # H90612 (3)  
1. Corporation Name  
LANDEM DEVELOPMENT CORPORATION



Principal Place of Business  
P.O. BOX 1361  
ORANGE PARK FL 32073

Mailing Address  
% LEWIS ANSBACHER  
4215 SOUTHPOINT BOULEVARD-SUITE 100  
JACKSONVILLE FL 32216-0999

3. Date Incorporated or Qualified  
12/18/1985

3a. Date of Last Report  
04/28/1996

|                                |                        |  |   |
|--------------------------------|------------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number  | Applied For   |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 59-2618893   | Not Applicable  |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required  |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees   |
| 24 Country                     | 29 Country             | 30   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |
|                                |                        |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     |

9. Name and Address of Current Registered Agent

ANSBACHER, LEWIS  
4215 SOUTHPOINT BOULEVARD  
SUITE 100  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature typed or printed name of registered agent and title if applicable \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | DPT                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCWILLIAMS, A.E.     | 1.2 NAME  |   |
| STREET ADDRESS             | 4711 HWY 17 SOUTH    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORANGE PARK FL       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DVS                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NICHOLS, LAWRENCE D. | 2.2 NAME  |   |
| STREET ADDRESS             | 2732 NEWCASTLE DR.   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORANGE PARK FL       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 3.2 NAME  |   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 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 on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)