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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 11963011
1. Corporation Name

REALAND, INC. - Amended -

Principal Place of Business Mailing Address
7142 BENEVA ROAD SAME
SARASOTA, FLORIDA,
34238

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 1/27/86 3a. Date of Last Report 4/16/97 4. FEI Number 59-2681743 Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
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9. Name and Address of Current Registered Agent

Russ Knight
7142 BENEVA ROAD
SARASOTA FL.
34238.

10. Name and Address of New Registered Agent

81 Name
IAN DAVID CROWN
82 Street Address (P.O. Box Number is Not Acceptable)
438 ST ARMANDS CIRCLE
83 Suite # 3
84 City
SARASOTA
85 Zip Code
FL 34236

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] DATE: 10/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D. STEVENS	1.1 TITLE	D. S.
NAME	DANNY STEVENS	1.2 NAME	IAN DAVID CROWN
STREET ADDRESS	438 ST ARMANDS CIRCLE	1.3 STREET ADDRESS	438 ST ARMANDS CIRCLE SUITE #3
CITY-ST-ZIP	SARASOTA, FLORIDA, 34236	1.4 CITY-ST-ZIP	SARASOTA, FLORIDA, 34236
TITLE	D. S.	2.1 TITLE	
NAME	DON HUGHES	2.2 NAME	
STREET ADDRESS	7142 BENEVA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FLORIDA 34238	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: [Signature] I.D. CROWN. 10/10/97 (941) 925-7653