

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

FILED

**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J58849 (7)
 1. Corporation Name
PLAZA LAND COMPANY



Principal Place of Business 25 2ND ST. N. SUITE 100 ST PETERSBURG FL 33701	Mailing Address 25 2ND ST. N. SUITE 100 ST PETERSBURG FL 33701-3362
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1987	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc. Suite 200	22 City & State St Petersburg FL	26 310 Ward Parkway	27 Suite, Apt. #, etc.	4. FEI Number 93-0952173	Applied For Not Applicable
23 Zip 33701	24 Country USA	28 City & State Kansas City MO	29 Zip 64112	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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: _____ (NOTE: Registered Agent signature required when relistening) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, BRADY	1.2 NAME	
STREET ADDRESS	5317 MISSION WOODS TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SHAWNEE MISSION KS 66205	1.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILDS, MICHEAL T	2.2 NAME	
STREET ADDRESS	3629 SOMERSET DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SHAWNEE MISSION KS 66205	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, JOHN H	3.2 NAME	
STREET ADDRESS	5812 TAHOE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SHAWNEE MISSION KS	3.4 CITY - ST - ZIP	
TITLE	VASO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN BUTSEL, MICHAEL R.	4.2 NAME	
STREET ADDRESS	25 2ND ST N, #300	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *John Van Butsel* **SIGNATURE REQUIRED** _____ DATE: _____ DAYTIME PHONE # _____

CR2E034 (9/96)