


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

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90053 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J65877

1. Corporation Name
MWV LAND GROWTH INVESTORS, INC.

Principal Place of Business TWO SOUTH ORANGE PLAZA ORLANDO FL 32801	Mailing Address TWO SOUTH ORANGE PLAZA ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1987	
2. Principal Place of Business 21 200 S. ORANGE AVE Suite, Apt. # etc. 22 2600 City & State 23 ORLANDO, FL Zip 24 32801	2a. Mailing Address 26 P.O. Box 1526 Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL Zip 29 32802 Country 30 USA
4. FEI Number 59-2794737	Applied For <input type="checkbox"/> Not Applicable
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLACKFORD, ROBERT N. TWO SOUTH ORANGE PLAZA ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name VAN HEYDE, JOSEPH J. II 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE 83 SUITE 2600 84 City ORLANDO FL 85 Zip Code 32801	
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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 Joseph J. Van Heyde II DATE 3/23/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, WILLIAM B.	1.2 NAME	
STREET ADDRESS	TWO SOUTH ORANGE PLAZA	1.3 STREET ADDRESS	200 S. ORANGE AVE, SUITE 2600
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAY, JAMES E.L.	2.2 NAME	" " " "
STREET ADDRESS	TWO SOUTH ORANGE PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKFORD, ROBERT N.	3.2 NAME	VAN HEYDE, JOSEPH J. II
STREET ADDRESS	TWO SOUTH ORANGE PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 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, with all other like empowered.

SIGNATURE: William B. Wilson, President 1/7/99 (407) 244-1115
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1-1/98)