
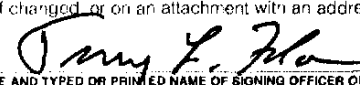


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 30 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 # J70256 1. Corporation Name <b>EX-LAND, INC.</b>			
Principal Place of Business <b>3003 TAMiami TRAIL NORTH NAPLES, FL 33940</b>		Mailing Address <b>3003 TAMiami TRAIL NORTH NAPLES, FL 33940</b>	
2. Principal Place of Business 21 <b>3003 TAMiami TRAIL NORTH</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>3003 TAMiami TRAIL NORTH</b> Suite, Apt. #, etc.	
22 City & State 23 <b>NAPLES, FL</b> Zip 24 <b>34103</b>		27 City & State 28 <b>NAPLES, FL</b> Zip 29 <b>34103</b>	
25 Country		30 Country	
3. Date Incorporated or Qualified <b>04/28/1987</b>		3a. Date of Last Report <b>04/30/1996</b>	
4. FEI Number <b>59-2800519</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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 <b>FLORA, TERRY L. 3003 TAMiami TRAIL NORTH NAPLES, FL 33940</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>3003 TAMiami TRAIL NORTH</b> 83 <b>NAPLES, FL</b> 84 City <b>NAPLES</b> 85 Zip Code <b>FL 34103</b>	
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) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	<b>COLLIER, MILES C.</b>		
STREET ADDRESS	<b>3003 TAMiami TRAIL NORTH</b>		
CITY-STATE-ZIP	<b>NAPLES, FL</b>		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	<b>COLLIER, BARRON G., II</b>		
STREET ADDRESS	<b>3003 TAMiami TRAIL NORTH</b>		
CITY-STATE-ZIP	<b>NAPLES, FL</b>		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	<b>READ, ISABEL COLLIER</b>		
STREET ADDRESS	<b>3003 TAMiami TRAIL NORTH</b>		
CITY-STATE-ZIP	<b>NAPLES, FL</b>		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	<b>FLOOD, THOMAS J.</b>		
STREET ADDRESS	<b>3003 TAMiami TRAIL NORTH</b>		
CITY-STATE-ZIP	<b>NAPLES, FL</b>		
TITLE	VS	<input type="checkbox"/> DELETE	
NAME	<b>FLORA, TERRY L.</b>		
STREET ADDRESS	<b>3003 TAMiami TRAIL NORTH</b>		
CITY-STATE-ZIP	<b>NAPLES, FL</b>		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	<b>TAYLOR, MICHAEL O.</b>		
STREET ADDRESS	<b>3003 TAMiami TRAIL NORTH</b>		
CITY-STATE-ZIP	<b>NAPLES, FL</b>		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME			
13 STREET ADDRESS			
14 CITY-STATE-ZIP			
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME			
23 STREET ADDRESS			
24 CITY-STATE-ZIP			
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-ZIP			
700002163637 -05/02/97--01061--044 ***165.00			
14. I, the undersigned, certify that the information furnished 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>TERRY L. FLORA</b>			
Date <b>4/22/97</b>		Daytime Phone # <b>941-261-4455</b>	

CR2E034 (9/96)