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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J83605

Country

9. Name and Address of Current Registered Agent

25

(2)

Mailing Address

% PEARL E. MILLER

211 S. SECOND ST.

2a. Mailing Address

City & State

Zip

26

27

28

FT PIERCE FL 34950-4350

Suite, Apt. #, etc.

LAND SERVICES, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

% PEARL E. MILLER

211 S. SECOND ST.

FT PIERCE FL 34950

21

22

23

24

Zip

FILED Feb 11 1997 8:00am Secretary of State

Date Incorporated or Qualified 07/17/1987		Date of Last Report 5/01/1996
4. FEI Number	,	Applied For
59-2845276		Not Applicable
6. Certificate of Status Desired		\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
This corporation has liability for in Florida Statutes	ntangi] Yes	ble tax under s. 199.032,
10. Name and Address of New Re	gister	ed Agent

81 Name MILLER, PEARL E. 2910 ADMIRAL ST 82 Street Address (P.O. Box Number is Not Acceptable) FT PIERCE FL 34982 83 64 City 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 family with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition MILLER, PEARL E. NAME 1.2 NAME 2910 ADMIRAL ST STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL CITY-ST-ZIF 1.4 CITY-\$7-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$T - 23P DELETE TITLE 3.1 TITLE Change Addition NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE THILE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** City - St - ZIP 6.4 CITY-ST-ZIP

Country

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14. Ido 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF TRIRECTOR

January 15, 1997 (561) 468-8652