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Apr 24 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 # K54638 (7)  
1. Corporation Name  
FIRST DRIMBA LAND HOLDING CORPORATION

Principal Place of Business  
3000 LAKESHORE BEACH DR.  
DEERFIELD BEACH FL 33442  
US

Mailing Address  
3000 LAKESHORE DR.  
DEERFIELD BEACH FL 33442-7919  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 11559 S.W. 70th Ct		26 11559 S.W. 70th Ct		12/27/1988		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Ocala, FL		28 Ocala, FL		NOT APPLICABLE		Not Applicable	
24 34476		25 USA		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 34476		30 USA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

DRIMBA, ALEX  
3000 LAKESHORE DR  
DEERFIELD BEACH FL 33442

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 11559 S.W. 70th Ct  
84 Ocala FL  
85 Zip Code 34476

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: 4/20/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TPD	1.1 TITLE	President
NAME	DRIMBA, ALEX	1.2 NAME	Alex J. Drimba
STREET ADDRESS	3000 LAKESHORE DR.	1.3 STREET ADDRESS	11559 S.W. 70th Ct
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	Ocala, FL 34476-9481
TITLE		2.1 TITLE	V.P.
NAME		2.2 NAME	NORMA F. DRIMBA
STREET ADDRESS		2.3 STREET ADDRESS	11559 S.W. 70th Ct
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ocala, FL 34476-9481
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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 Date 352-237-4171 Daytime Phone #

CR2E034 (9/96)