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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

	DRIMBA LAND HOLDING	CORPORATION			
Principal Place	of Business	Mailing Address			1 1624011 06( \$1111 0446 81142 41191 1811 Avent 8141 6181 Avent 8181 4181
	11559 SW 70TH CT 11559 SW 70TH CT				
OCALA FL 34476 US US US					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					12/27/1988
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			NOT APPLICABLE Not Applicable
Suite, Apt.	#, G(C)	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required
City & State		<b>- 44</b>	City & State		
23		28			Election Campaign Financing \$5,00 May Be     Trust Fund Contribution
Zip	Country	Zip	Country	7	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curi	ent Registered Agent			10. Name and Address of New Registered Agent
	MBA, ALEX		81	Name	
11559 SW 70TH CT			82	Street /	Address (P.O. Box Number is Not Acceptable)
<b>0</b> C	OCALA FL 34476			ļ	
			83		
			84	City	85 Zip Code
		4500 5		L	FL   FL   FL   FL   FL   FL   FL   FL
SIGNATURE	Signature, typed or printed name of registered	agent and title it applicable (NO	TE Registered Ag		corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinslating.  DATE
12.	DIFICERS	AND DIRECTORS  DELETE	13. 1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change
NAME	DRIMBA, ALEX		1.2 NAME		Change Addition
STREET ADDRESS	11559 SW 70TH CT.			T ADDRESS	
CITY-ST-ZIP	OCALA FL		1.4 CITY-5		
TITLE	VP	DELETE	2.1 TITLE	31-211	☐ Change ☐ Additio
NAME	DRIMBA, NORMA		2.2 NAME	ì	· -
STREET ADDRESS	11559 SW 70TH CT.		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	OCALA FL		2, 4 CITY-	ST-ZIP	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Additio
NAME			3.2 NAME	ļ	
STREET ADDRESS			3.3 STREE	T ADDRESS	<u> </u>
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additio
NAME			4. 2 NAME		
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-1	ST-ZIP	☐ Change ☐ Additio
TITLE			5.1 TITLE	- 1	Li Granige Li Addito
NAME CTOCKY ANDRESS			52 NAME	Annecee	
STREET ADORESS				ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	DI-TIL	Change Additio
NAME			6.2 NAME	)	
STREET ADDRESS				T ADDRESS	

14. I hereby certify that the information supplied with this filing does not guality 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 control on 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.

**FILED** 

Apr 01 1998 8:00am

Secretary of State