

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

50 MAY -1 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K87745**

(1)

1. Corporation Name:

**THE LANDINGS REALTY, INC.**

Principal Place of Business:

3850 SW 87TH AVE  
SUITE 305  
MIAMI FL 33165

Mailing Address:

3850 SW 87TH AVE  
SUITE 305  
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

|                                |  |                       |  |                                                                                  |  |                                                                                                                 |  |
|--------------------------------|--|-----------------------|--|----------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified                                                |  | 3a. Date of Last Report                                                                                         |  |
| 21. Suite Apt. # etc.          |  | 26. Suite Apt. # etc. |  | 05/12/1989                                                                       |  | 04/27/1994                                                                                                      |  |
| 22. City & State               |  | 27. City & State      |  | 4. FFI Number                                                                    |  | Applied For                                                                                                     |  |
| 23. State                      |  | 28. State             |  | 65-0131366                                                                       |  | Not Applicable                                                                                                  |  |
| 24. Country                    |  | 29. Country           |  | 5. Certificate of Status Desired                                                 |  | <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 25. Country                    |  | 30. Country           |  | 6. Election Campaign Financing Trust Fund Contributions                          |  | <input type="checkbox"/> \$5.00 May Be Added to Fees<br><input checked="" type="checkbox"/> No                  |  |
| 26. Country                    |  | 31. Country           |  | 7. This corporation has had its intangible tax under S. 199.032 Florida Statutes |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                          |  |

9. Name and Address of Current Registered Agent

**KTGS&S REGISTERED AGENT CORPORATION**  
1401 BRICKELL AVENUE, SUITE 700  
MIAMI FL 33131

10. Name and Address of New Registered Agent

|                                                        |    |
|--------------------------------------------------------|----|
| 81. Name                                               |    |
| 82. Street Address (P.O. Box Number is Not Acceptable) |    |
| 83. City                                               |    |
| 84. State                                              | FL |
| 85. Zip Code                                           |    |

11. Pursuant to the provisions of Sections 199.01 and 199.02, 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, thereby accept the appointment as registered agent. I am further with and accept the appointment of this agent under 199.032, Florida Statutes.

SIGNATURE

|                            |                                                                       |                                                         |                                                                              |
|----------------------------|-----------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                                                       | 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995 |                                                                              |
| NAME                       | DPT 13 CEO<br>BUIGAS, O.J.<br>4200 N. LANDING DR.<br>FT. MYERS FL     | 1. NAME                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                       | 2. NAME                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY                       |                                                                       | 3. NAME                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BUIGAS, CLAYTON ANA M<br>2050 SW 87TH AVE<br>MIAMI FL                 | 4. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                                                                       | 5. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY                       |                                                                       | 6. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | V/A S/C P<br>WAITE, ROBERT<br>4200 N. LANDING DRIVE<br>FT. MYERS FL   | 7. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                                                                       | 8. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY                       |                                                                       | 9. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | V/A S<br>SCHWANTES, JOSEPH C<br>4200 N. LANDING DRIVE<br>FT. MYERS FL | 10. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                                                                       | 11. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY                       |                                                                       | 12. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                                                       | 13. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                                                                       | 14. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| CITY                       |                                                                       | 15. NAME                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.01 and 199.02, Florida Statutes. I further certify that the information is calculated on the annual report of the corporation's annual report of assets and liabilities and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 447, Florida Statutes, and that my name appears in Block 1, or Block 1a of the report of assets and liabilities with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OJ BUIGAS, Pres.

4-28 95 (813) 481-2500