


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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L16377 (8) 1. Corporation Name LANDIS HOLDINGS, INC.					
Principal Place of Business C/O MICHAEL D. HORLICK 227 PENSACOLA ROAD VENICE FL 34285			Mailing Address C/O MICHAEL D. HORLICK 227 PENSACOLA ROAD VENICE FL 34285		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0149501	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HORLICK, MICHAEL D. 227 PENSACOLA ROAD VENICE FL 34285			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		NAME		1.1 TITLE	
NAME		STREET ADDRESS		1.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		1.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE		1.4 CITY-ST-ZIP	
TITLE		NAME		2.1 TITLE	
NAME		STREET ADDRESS		2.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		2.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE		2.4 CITY-ST-ZIP	
TITLE		NAME		3.1 TITLE	
NAME		STREET ADDRESS		3.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE	
NAME		STREET ADDRESS		4.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE	
NAME		STREET ADDRESS		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE	
NAME		STREET ADDRESS		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE		6.4 CITY-ST-ZIP	

14. I 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: *dyla L. Williams* **LYLA L. WILLIAMS** *1/15/98* *517 835-6646*

CR2E034 (10/97)