	NOW: FILING FEE]	
CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # L19093 (8)					
1. Corporation Name					
FIRST	COAST LAND INVESTORS	S, INC.			
Principal Diago of	f Duringer	Mailing Address		-	N INITIALITY BURNET BURNET BURNET BURNET SAME
Principal Place of Business C/O MICHAEL N. SCHNEIDER 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216 Mailing Address C/O MICHAEL N. SCHNE 4215 SOUTHPOINT BLVD JACKSONVILLE FL 32216 JACKSONVILLE FL 32216			/D. Suite 100		
JACKSUNVIL	LE FL 32210	BUOLOGISTEE : E ALL	••	3. Date Incorporated or Qualified 09/28/1989	3a. Date of Last Report 03/29/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2969907	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country		Country	8. This corporation has liability for int	angible tax under s 199,032,
24	25 9. Name and Address of Curret	1=01	30	10. Name and Address of New Re	
JACKSONVILLE FL 32216			83 84 City	Living the thin platescent for the Olivin	FL 85 Zip Code
ne registers	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor n, and accept the obligations of, Sec	oda. Such channe was aumonzed	, the above-named corpo d by the corporation's boa	ration submits this statement for the purp ard of directors. I hereby accept the appoi	ntment as registered agent. I am
SIGNATURE _	Signature, typod or printed name of registered ages	rt and tille it applicable. (NOTE	: Registered Agent signature require	ed whon reinstating)	DAT:
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE NAME	ANSBACHER, LEWIS	☐ DELETE	1. 1 TITLE 1.2 NAME		Claride T Monton
STREET ADDRESS	4215 SOUTHPOINT BLVD. JACKSONVILLE FL	.100	1.4 CITY-ST-ZIP		
TITLE	V	DELETE	2. 1 TITLE		Change Addition
NAME STREET ADDRESS	4215 SOUTHPOINT BLVD 100		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CHY-ST-ZIP		Change Addition
TITLE	VD Donziger, Michael	DELETE	3. 1 TITLE 3.2 NAME		E coming E vicental
NAME STREET ADDRESS	9456 PHILLIPS HWY		3.3. STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3 4 CITY - ST - ZIP		
TITLE	DPST	☐ DELETE	4.1 TITLE	20000181 -05/07/96010	.0622° L
NAME STREET ADDRESS	VANDROFF, STANLEY 6900 SOUTHPOINT DR.		4.2 NAME 4.3 STREET ADDRESS	-05/07/95010 ***200.00	20003
CITY - ST - ZIP	JACKSONVILLE FL	DELETE	4.4 CITY - ST - ZIP 5 1 TITLE		Change Addition
TITLE		□ berete	5.2 NAME		
NAME STREET ADDRESS			5.3 STREET ADDRESS		.9
CITY-S1-ZIP			5 4 CITY - ST - ZIP		Change I Addition
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME 6.3 STREET ADDRESS		& N
1	1		■ N.S.STREET BUURESS 1		j

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 FIGURE ASSISTED AND EXECUTED TO A STATUTE AND TYPED OR PRINTED NAME OF FIGURE ASSISTED TO A STATUTE OF PRINTED NAME OF FIGURE ASSISTED TO A STATUTE OF PRINTED NAME OF FIGURE ASSISTED TO A STATUTE OF PRINTED NAME OF FIGURE ASSISTED TO A STATUTE OF PRINTED NAME OF FIGURE ASSISTED TO A STATUTE OF PRINTED NAME OF FIGURE ASSISTED TO A STATUTE OF PRINTED NAME OF FIGURE ASSISTED TO A STATUTE OF THE PRINTED TO A STATU

6.3 STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96 904-296-0100