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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L76678

(6)

CARLIN	IGFORD LAND COMPANY, I				
Principal Place of Business Mailing Address				s emmitmir filt immen miete feitet immat solle !	billin geget firlite diste midte geget fant.
760 Broadway Longboat key fl 34228 760 Broadway Longboat key fl 34228			37		
				3. Date Incorporated or Qualified	3a. Date of Last Report
				05/31/1990	03/08/1996
2. Principal	Place of Business	2e. Mailing Address		4. FEI Number	Applied For
21		Suite, Apt. #, etc.		65-0194984	Not Applicable
Scite, Apt #, etc Suite.		├		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State Cit		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for a	ntangible tax under s. 199.032.
24	25 9. Name and Address of Curro	29 30 ent Registered Agent	D]	Florida Statutes 10. Name and Address of New Re	p
EAS	STERLING, NICK		81 Name		
760 BROADWAY			82 Street Addre	ess (P.O. Box Number is Not Acceptab	ile)
LOI	NGBOAT KEY FL 34228				
1			83		
			84 City		FL 85 Zip Code
11. Pursuar	rit to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	the above-named corp	oration submits this statement for the p	urpose of changing its registered
office of agent.	ir registered agent, or both, in the Sta Lam familiar with, and accept the obli	te of Florida. Such change was autigations of, Section 607.0505, Florid	horized by the corporati da Statutes.	ion's board of directors. I hereby accep	of the appointment as registered
SIGNATURE	, F				
	Signature, typed or printed name of registered a		Registered Agent signature require		DATE
12.	PD OFFICERS A	ND DIRECTORS DELETE	13, 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	EASTERLING, NICK	_	1.2 NAME		
STREET ADDRES			1.3 STREET ADDRESS		
CITY - ST - ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP		
TOTALE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	MCLAUCHLIN, SHARON		2.2 NAME		
STREET ADDRESS	3949 RIVERVIEW BLVD ANNA MARIA FL		2.3 STREET ADDRESS		
DILL.	OTTO MONOTE	DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS	.5		3 3 STREET ADDRESS		İ
CITY - S1 - 7IP		T NIETE	3.4 CITY-ST-ZIP		Chara
THUE NAME		DELETE	4.1 TITLE		. Change Addition
STREET ADDRESS	20		4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	i.e		4.4 CITY-ST-ZIP		
TIME		☐ D£LETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRES	SS	•	5.3 STREET ADDRESS		
CHY ST-70		DELETE	5.4 CITY-ST-ZIP		Change Addition
THUE NAME		ר""ן הנדנונ	61 TITLE 62 NAME		Change L Addition
STREET ADDRESS	s		6.3 STREET ADDRESS		
City - St - 7IP			6.4 CITY-ST-ZIP		

SIGNATURE:

I Mc/ambas

14. Lo 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.

FILED

Apr 02 1997 8:00am

Secretary of State