## 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 # M96096

(6)

SEQUOIA LAND DEVELOPMENT, INC.

Principal Piaco of Bourses	Principal Plac 8818 S.W 72 SUITE F-136 MIAMI FL 331		Mailing Address  8818 S.W 72 STREET SUITE F-136 MIAMI FL 33173-3534			
Solic Apt #, etc   Solice	1				3. Date Incorporated or Qualified 08/26/1988	3a. Date of Last Report 01/23/1996
Suite April 1, etc.    Suite April 1, etc.		lace of Business	<u>+</u> -¬		1	<del></del>
Section   Sect		#, etc				CO 75 Additional
22   25   26   27   28   29   20   29   33   5   5   5   5   5   5   5   5	22				b. Certificate of Status Desired	Fee Required
20   20   20   30   30   30   30   30	— ´	le				
Second Stratute   Second Str		Country		Country		
FLORIDA REGISTERED AGENTS, INC. ONE CENTRUST FINANCIAL CENTER 100 SOUTHEAST RND STREET, #3800 MIAMI FL 33131  11. Pursuant to the provisions of Septicits 607 6902 and #0 1508, Florida Statutes.  12. OF ICT IS AND DIRECTORS IN Statutes, the above named corporation submits this statement for the purpose of changing its registered diffice or registered agent and random was registered office or registered agent agent and random was registered office or registered agent agent agent and random was registered agent a	24			30	Florida Statutes	Yes No
The Centre of Properties and Control of Centre of Section (Control of Section					10. Name and Address of New Re	egistered Agent
1. Pursuant to the provisions of Section SC 207.05.02 and styl 1508, FiorUM Statutes, the above named deep ration submits this statement for the purpose of changing its registered agent of in the State of Hours. Such cityope was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and many and the purpose of Change is registered agent. The state of Hours. Such cityope was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The state of Hours. Such cityope was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The state of Hours. I have a submit and the state of the purpose of Change is a spiritered agent. The provided when remaining is registered agent.	ON 100	ie Centrust Financial Cent o Southeast 2ND Street, #	TER	82 Street Ad	dress (P.O. Box Number is Not Accepta	53Q + F-136
THE NAME BLOMBERG, NORMAN STREET ADDRESS CITY-ST-2P THE WP STREET ADDRESS TREET ADDRES	SIGNATURE	Signature, typed or purh dinamo of regulared e	igent and the diapproable (NOTE	Registered Agent signature rec	quired when reinstating)	purpose of changing its registered pt the appointment as registered
BLOMBERG, NORMAN STREET ADDRESS  CITY-ST-2PP MIAMI FL  TITLE VP SIGEL, PHILLIP STREET ADDRESS CITY-ST-2PP MIAMI FL  TITLE STREET ADDRESS CITY-ST-2PP MIAMI FL  TITLE SCHEY, SHERYL STREET ADDRESS CITY-ST-2PP MIAMI FL  DELETE STREET ADDRESS CITY-ST-2PP  MIAMI FL  DELETE STREET ADDRESS CITY-ST-2PP  MIAMI FL  DELETE STREET ADDRESS CITY-ST-2PP  MIAMI FL  DELETE STREET ADDRESS CITY-ST-2PP  MIAMI FL  DELETE STREET ADDRESS CITY-ST-2PP  MIAMI FL  DELETE STREET ADDRESS CITY-ST-2PP  MIAMI FL  Change Addition Addition Addition Addition Addition ADDRESS CITY-ST-2PP  MIAMI FL  STREET ADDRESS CITY-ST-2PP  MIAMI FL  Change Addition Addition Addition Addition Addition ADDRESS CITY-ST-2PP  MIAMI FL  STREET ADDRESS CITY-ST-2PP  MIAMI FL  Change Addition Addition Addition Addition Addition ADDRESS CITY-ST-2PP  MIAMI FL  Change Addition Addition Addition Addition Addition ADDRESS CITY-ST-2PP  MIAMI FL  Change Addition Addition Addition Addition Addition Addition Addition ADDRESS AD		OFFICERS A	······		ADDITIONS/CHANGES TO OFFI	
STREET ADDRESS   6205 S.W. KENDALE LAKES CIRCLE F-178	į.	DI UMBERO MUDUANI	Delete	<b>a</b> ;		Change Addition
CITY-ST-2P  TITLE  VP SIGEL, PHILLIP 6205 S.W. KENDALE LAKES CIRCLE F-178 CITY-ST-2P  TITLE			CIRCLE F-178			
TITLE	1				<b>4</b> .	
SCHEY, SHERYL			DELETE	21 TITLE	President	Change Addition
SCHEY, SHERYL	NAME			2.2 NAME	Sigel Philip	
SCHEY, SHERYL	STREET ADDRESS		CIRCLE F-178	2.3 STREET ADDRESS	6205 Sw Kendale	LAKES CINIET-10
SCHEY, SHERYL		MIAMI FL	Locusto	2. 4 CITY - \$1 - ZIP	Mian, FC	
STREET ADDRESS   6205 S.W. KEYDALE LAKES CIRCLE F-178   33 STREET ADDRESS	1	CUEN CHEDAI	L_J ULLETE			Li Grange Li Addition
MAMIFE			CIRCLE F-178	1		
DELETE			CHICHE F. H.V.			
NAME	<b></b>	tath and a P	DELETE			Change Addition
STREET ADDRESS						
DELETE	STREET ADDRESS					
NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           City-ST-ZIP         5.4 City-St-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         6.4 City-St-ZIP	CITY - ST - ZIP	<u> </u>		4.4 CITY-ST-ZIP		·
STREET ADDRESS	TITLE		☐ DELETE	5.1 TITLE		Change Addition
C.LY-ST-ZIP	NAME			5.2 NAME		!
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	STREET ADDRESS			5.3 STREET ADDRESS		
NAME STREET ADDRESS GITY-SI-ZIP 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-SI-ZIP	City - ST - ZIP			5.4 CITY - ST - ZIP		
STREET ADDRESS  GITY-S1-ZIP  63 STREET ADDRESS  64 CITY-S1-ZIP	TITLE		DELETE	6.1 TITLE		Change Addition
CITY-S1-ZIP 64 CITY-ST-ZIP	NAME			6.2 NAME		
	STREET ADDRESS			6 3 STREET ADDRESS		
14. I do 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						11 11 10 10 11 11

14. If do hereby certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this arrival 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 challed or on an attachment with an address.

SIGNATURE:

SOMETURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/7 /97 271-771

**FILED** 

Feb 03 1997 8:00am

Secretary of State