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May 15 1998 8:00am  
Secretary of State

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                          | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                     |                                 |      |                     |  |                |                       |  |             |               |  |       |    |                                 |      |                      |  |                |              |  |             |              |  |       |    |                                 |      |            |  |                |                         |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |              |                                                                              |          |                       |  |                    |                             |  |                 |                |  |           |                   |                                                                              |          |                     |  |                    |               |  |                 |               |  |           |                |                                                                              |          |               |  |                    |            |  |                 |                   |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |
| <b>DOCUMENT # N08549 (0)</b><br>1. Corporation Name<br><b>FLORIDA LAND COUNCIL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Principal Place of Business<br><b>310 W. COLLEGE AVE.<br/>         110 E. MADISON ST., STE#203<br/>         TALLAHASSEE FL 32301<br/>         US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mailing Address<br><b>310 W. COLLEGE AVE.<br/>         110 E. MADISON ST., STE#203<br/>         TALLAHASSEE FL 32301<br/>         US</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |      |                     |  |                |                       |  |             |               |  |       |    |                                 |      |                      |  |                |              |  |             |              |  |       |    |                                 |      |            |  |                |                         |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |              |                                                                              |          |                       |  |                    |                             |  |                 |                |  |           |                   |                                                                              |          |                     |  |                    |               |  |                 |               |  |           |                |                                                                              |          |               |  |                    |            |  |                 |                   |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |
| 2. Principal Place of Business<br><b>21 310 West College Ave.</b><br>Suite, Apt. #, etc.<br><b>22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             | 2a. Mailing Address<br><b>26 310 West College Ave.</b><br>Suite, Apt. #, etc.<br><b>27</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          | 3. Date Incorporated or Qualified<br><b>04/04/1985</b><br>4. FEI Number<br><b>59-2607230</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                 |      |                     |  |                |                       |  |             |               |  |       |    |                                 |      |                      |  |                |              |  |             |              |  |       |    |                                 |      |            |  |                |                         |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |              |                                                                              |          |                       |  |                    |                             |  |                 |                |  |           |                   |                                                                              |          |                     |  |                    |               |  |                 |               |  |           |                |                                                                              |          |               |  |                    |            |  |                 |                   |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |
| City & State<br><b>23 Tallahassee, FL</b><br>Zip<br><b>24 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             | City & State<br><b>28 Tallahassee, FL</b><br>Zip<br><b>29 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                 |      |                     |  |                |                       |  |             |               |  |       |    |                                 |      |                      |  |                |              |  |             |              |  |       |    |                                 |      |            |  |                |                         |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |              |                                                                              |          |                       |  |                    |                             |  |                 |                |  |           |                   |                                                                              |          |                     |  |                    |               |  |                 |               |  |           |                |                                                                              |          |               |  |                    |            |  |                 |                   |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |
| Country<br><b>25 USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             | Country<br><b>30 USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          | 9. Name and Address of Current Registered Agent<br><b>BLAIN, L.M.<br/>         110 E. MADISON STREET SUITE 203<br/>         TAMPA FL 33602</b>                                                                                                                                                                                                                                                                                                                                       |                                 |      |                     |  |                |                       |  |             |               |  |       |    |                                 |      |                      |  |                |              |  |             |              |  |       |    |                                 |      |            |  |                |                         |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |              |                                                                              |          |                       |  |                    |                             |  |                 |                |  |           |                   |                                                                              |          |                     |  |                    |               |  |                 |               |  |           |                |                                                                              |          |               |  |                    |            |  |                 |                   |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |
| 10. Name and Address of New Registered Agent<br><b>81 Name Charles B. Littlejohn</b><br><b>82 Street Address (P.O. Box Number is Not Acceptable) 310 West College Ave.</b><br><b>83</b><br><b>84 City Tallahassee FL 85 Zip Code 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             | 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.<br>SIGNATURE <i>Charles Littlejohn</i> <b>Charles Littlejohn</b> <b>7/6/98</b><br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |      |                     |  |                |                       |  |             |               |  |       |    |                                 |      |                      |  |                |              |  |             |              |  |       |    |                                 |      |            |  |                |                         |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |              |                                                                              |          |                       |  |                    |                             |  |                 |                |  |           |                   |                                                                              |          |                     |  |                    |               |  |                 |               |  |           |                |                                                                              |          |               |  |                    |            |  |                 |                   |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |           |  |                                                                   |          |  |  |                    |  |  |                 |  |  |
| 12. OFFICERS AND DIRECTORS<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">VD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GRIFFIN, BEN HILL I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 S ALT 27 @ 7TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FROSTPROOF FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HILLIARD, JOE MARLIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>RT 2 BOX 175</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEWISTON FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ALLEN, BOB</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>149 S. RIDGEWOOD AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BEACH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TITLE                                                                                                                                    | VD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> DELETE | NAME | GRIFFIN, BEN HILL I |  | STREET ADDRESS | 700 S ALT 27 @ 7TH ST |  | CITY-ST-ZIP | FROSTPROOF FL |  | TITLE | TD | <input type="checkbox"/> DELETE | NAME | HILLIARD, JOE MARLIN |  | STREET ADDRESS | RT 2 BOX 175 |  | CITY-ST-ZIP | CLEWISTON FL |  | TITLE | SD | <input type="checkbox"/> DELETE | NAME | ALLEN, BOB |  | STREET ADDRESS | 149 S. RIDGEWOOD AVENUE |  | CITY-ST-ZIP | DAYTONA BEACH FL |  | TITLE |  | <input type="checkbox"/> DELETE | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> DELETE | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 10%;">Chairman - D</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>Ben Hill Griffin, III</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>700 S. Alt 27 at 7th Street</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>Frostproof, FL</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>Vice Chairman - D</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>Joe Martin Hilliard</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>Rt 2, Box 175</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>Clewiston, FL</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>Bernie Heister</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>Treasurer - D</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>PO Box 338</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>LaBelle, FL 33935</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  |  | 1.1 TITLE | Chairman - D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 1.2 NAME | Ben Hill Griffin, III |  | 1.3 STREET ADDRESS | 700 S. Alt 27 at 7th Street |  | 1.4 CITY-ST-ZIP | Frostproof, FL |  | 2.1 TITLE | Vice Chairman - D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 2.2 NAME | Joe Martin Hilliard |  | 2.3 STREET ADDRESS | Rt 2, Box 175 |  | 2.4 CITY-ST-ZIP | Clewiston, FL |  | 3.1 TITLE | Bernie Heister | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 3.2 NAME | Treasurer - D |  | 3.3 STREET ADDRESS | PO Box 338 |  | 3.4 CITY-ST-ZIP | LaBelle, FL 33935 |  | 4.1 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.2 NAME |  |  | 4.3 STREET ADDRESS |  |  | 4.4 CITY-ST-ZIP |  |  | 5.1 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.2 NAME |  |  | 5.3 STREET ADDRESS |  |  | 5.4 CITY-ST-ZIP |  |  | 6.1 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.2 NAME |  |  | 6.3 STREET ADDRESS |  |  | 6.4 CITY-ST-ZIP |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VD                          | <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |      |                     |  |            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| 1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 700 S. 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| 1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 2.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 3.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 3.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 3.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 4.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 4.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 4.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 4.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 5.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 5.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 5.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 5.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 6.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 6.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 6.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 6.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bernard Heister* **3/25/98 941/675-2966**

CP2E037 (1097)