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Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27632** (1)

1. Corporation Name

**RETIRED OFFICERS' LAND CORPORATION**



Principal Place of Business	Mailing Address
1010 AMERICAN EAGLE BLVD BOX 352 4TH FLOOR SUN CITY CENTER FL 33573 US	1010 AMERICAN EAGLE BLVD BOX 352 4TH FLOOR SUN CITY CENTER FL 33573 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	07/27/1988
4. FEI Number	59-2909809
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
EAST, CHARLES M JR. 1010 AMERICAN EAGLE BLVD., #239 SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent
81 Name Alan L. Zimmerman
82 Street Address (P.O. Box Number is Not Acceptable)
83 1220 Carrie Wood Drive
84 City Valrico FL 85 Zip Code 33594

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Alan L. Zimmerman ALAN L. ZIMMERMAN EXEC VP 2/20/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	EAST, CHATLES M JR.
STREET ADDRESS	1010 AMERICAN EAGLE BLVD. #239
CITY-ST-ZIP	SUN CITY CENTER FL 33573
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	LLOYD, LUTHER R.
STREET ADDRESS	15209 LAKE MAURINE DR.
CITY-ST-ZIP	ODESSA FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	GARTEN, MELVIN
STREET ADDRESS	60 MARTINIQUE AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GARBETT, JOHN S
STREET ADDRESS	1010 AMERICAN EAGLE BLVD #350
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BROWN, PETER R.
STREET ADDRESS	11180 6TH STREET EAST
CITY-ST-ZIP	TREASURE ISLAND FL
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	PECK, EARL G
STREET ADDRESS	1466 74TH CIRCLE NE
CITY-ST-ZIP	ST. PETERSBURG FL 33702

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles M. East, Jr.
1.3 STREET ADDRESS	1010 American Eagle Blvd. #239
1.4 CITY-ST-ZIP	Sun City Center FL 33573
2.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alan L. Zimmerman
2.3 STREET ADDRESS	1220 Carrie Wood Drive
2.4 CITY-ST-ZIP	Valrico FL 33594
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Roy G. Corbett
3.3 STREET ADDRESS	2209 Westminster Manor Lane
3.4 CITY-ST-ZIP	Sun City Center FL 33573
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John S. Garbett
4.3 STREET ADDRESS	1010 American Eagle Blvd. #350
4.4 CITY-ST-ZIP	Sun City Center FL 33573
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	

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: Alan L. Zimmerman ALAN L. ZIMMERMAN 2/20/98 313 633-4467

CR2E037 (10/97)