Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90005 014 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOO

1. Corporation	Name	•							
,	N LAND CO.								
JOHNSO	IN LAND CO.					1 1800 (181 181 1810 (188) 1818	eriel ibit eleti eli	nii Brain eie ll Gi	
Principal Place	of Business	Mailing Add	iress				Bilen ibil stati eti	EN OLAN AJAN OL	INIT BINSI INDI
C/O R.E. SAXO	N	C/O R.E. SA	AXON						
P.O. BOX 423846		P.O. BOX 423846			DO NOT WA	RITE IN THIS :	SDACE		
KISSIMMEE FL	34742-3846	KISSIMMEE	FL 34742-3846			Date Incorporated or Qualife			
						02/22/1991	u		
2 Deinsing Di	ace of Business	2a. Mailing	Address			4. FEI Number		Apr	olied For
⊢ ¬ '	ace or business	26	Audioss			38-2842243			Applicable
Suite, Apt.	# etc		pt. #, etc.		_			\$8.75 A	
	,, 5.6.	27				5. Certificate of Status Desired		Fee Rec	quired
City & State	9	City & S	State -	-		6. Election Campaign Financing	<u> </u>	\$5.00	May Be
23		28			_	Trust Fund Contribution	' □ 	Added to	
Zip	Country	Zip		Country		8. This corporation owes the cu	irrent year Inta		_
24	25	29	3	0		Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Ag	jent			10. Name and Address of New	Registered A	Agent	
				81 N	Name 🔏	E SAXON			
	SAXON			82 S		ess (P.O. Box Number is Not Accer	otable)		,
24 N BERMUDA AVE					<u> 15</u> 1	O W. DAK	<u> </u>		
KISS	MMMEE FL 34741			83					l
•				84 0	City ,/			85 Zip C	ode
		100			<u> </u>	<u> ESSIMMEE</u>	<u> </u>	134	174/
11. Pursuant	to the provisions of Sections 607.05	62 and 667 (508,	Ftorida Statutes change was auti	s, the above-na horized by the	amed corpo	oration submits this statement for the n's board of directors. I hereby acc	ept the appoin	tment as reg	jistered
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Sate m familiar with, and accept the oblig	62 and 667 1508, a of PloyIda. Such attions of Section	Florida Statutes change was autl 607-0505, Florid	the above-nation the description in the description	amed corpo corporation	oration submits this statement for the n's board of directors. I hereby acc	ept the appoin	tment as reg	pistered
11. Pursuant office or reagent. I as				E SA	-XON		ept the appoin	tment as reg	pistered
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SIGNATURE	Signature, typed or printed name of registered age		(NOTE: R	E S A- tegistered Agent sig	-XON		3-/8	-57	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI	ent and title it applicable		tegistered Agent signal. 13. 1.1 TiTLE	-XON	when reinstating)	3-/8	D DIRECTO	RS IN 12
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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 encourage of the 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 with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS