

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P9200000113 (0)
 1. Corporation Name
LYDIA LAND AND DEVELOPMENT INCORPORATED



Principal Place of Business Mailing Address

**2440 OAK DRIVE
 LONGWOOD FL 32779
 US**

**2440 OAK DRIVE
 LONGWOOD FL 32779-4746
 US**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified **10/26/1992** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-3051182** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**GOLDBERG, INGRID
 2767 WEST STATE ROAD 434
 LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name **Goldberg, Ingrid**

82 Street Address (P.O. Box Number is Not Acceptable) **one Douglas Place**

83 **118 W. Orange street, suite 200**

84 City **Altamonte Springs FL** 85 Zip Code **32714**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

04.21.97

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	VAN DUYPENBODE, JOHAN	
STREET ADDRESS	2440 OAK DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VAN DUYPENBODE, MARTIN	
STREET ADDRESS	2440 OAK DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	PVVVT.S.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	van Duyvenbode, Martin	
1.3 STREET ADDRESS	2440 Oak drive	
1.4 CITY-ST-ZIP	Longwood, FL. 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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 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.

SIGNATURE: **(Mortcha Van Duyvenbode)** 04.21.97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)