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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 04 1998 8:00am

Secretary of State

791-6082

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200002636 (8)

CENTRAL LAND DEVELOPMENT, INC.

) OLIVIT	INC ENTO DEVELOT METATS	11401		
Principal Plac	ce of Business	Mailing Address		T CONTROL THE TRANSPORT OF THE PROPERTY OF THE
		4100 SW 24 CT		
LABELLE FL		APT 1		
US FT LAUDERDALE FL :			33317	DO NOT WRITE IN THIS SPACE
		US		3. Date Incorporated or Qualified
2 Principal F	Place of Business	2a. Mailing Address		10/26/1992 4. FEI Number Applied For
2. Principal Place of Business		28. Mailing Address		4. FEI Number Applied For Not Applied For Not Applied For
		Suite, Apt. #, etc.		\$2.75 Addisonal
22		27		5. Certificate of Status Desired Fee Regulred
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30.
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
	luman, jeffry		<b>81</b> Name	)
	00 RED ROAD		82 Stree	t Address (P.O. Box Number is Not Acceptable)
	JITE 115			
SC	DUTH MIAMI FL 33143		83	
			84 City	85 Zip Code
				FL   65   2-19 Code   corporation submits this statement for the purpose of changing its registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and ten it applicable (N ND DIRECTORS	NOTE Registered Agent's gnatu	
12.	OT ICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	ESTES, THELMA A	- Otter	1.) THEE	[ CININGS [ ] VOOR(0))
STREET ADDRESS	4100 SW 24 CT #1		1.3 STREFT ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY - S1 - ZIP	
TITLE	V	DELETE	2.1 TITLE	Change Addition
NAME	MARTIN, OLA FRANCES		2.2 NAME	}
STREET ADDRESS	1340 IVAN BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL		2. 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME	l .		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE			5.1 TITLE	☐ Change ☐ Addition
NAME Street address			5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S1-ZIP 61 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	- Control
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	)		6.4 CITY-ST-ZIP	
14 I hereby (	certify that the information supplied w	vith this filing does not qualif	y for the exemption sta	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or	on this annual report or supplement director of the corporation or the record or Block 13 if changed, or on an attained.	eiver or frustee empowered.	accurate and that my s to execute this report a	gnature shall have the same legal effect as if made under oath; that I am an is required by Chapter 607, Florida Statutes; and that my name appears in