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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

352 563 0333

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200003900 (7)

EC LAND OF CITRUS COUNTY, INC.

		****		1				4
Principal Place of Business 7655 W. GULF TO LAKE HWY. SUITE 4		Mailing Address		a samerame sem smrtm temas mmett mmilit &	Tett Amile Amile 14.	17 4 18 711 88 11	4 4411 1941	
		P.O. BOX 1599 Crystal river fl 34	1423.1500					
CRYSTAL RIVE	ER FL 34423	US	TTEU-1 000					
US			1 3		Date Incorporated or Qualified 11/12/1992		of Last R 3/1996	leport
├ ─┐ '	Sace of Business	2a. Mailing Address	***************************************		4. FEI Number		IA I	pplied For
Suite, Apt	# otc	26 Cure Ast # ste			59-3152150			ot Applicable
City & Stat		Suite, Apt. #, etc.		······	5. Certificate of Status Desired		Fee Re	Additional equired
23		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
7 ip	Gountry	Zip	}		8. This corporation has liability for intangible tax under s. 199.032,			
[24]	25 Name and Address of Curre	25 29 30 and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
WEI	SS, STEVEN L		81 Name		10) serie cromana al tratt Halloranda Lifait			
765	5 W. Gulf to lake Hwy. Te 4		82	Street Addr	dress (P.O. Box Number is Not Acceptable)			
	/STAL RIVER FL 34429		83					
			84	City				Code
 Attice or r 	idausteradi salahti ar bathi in 16a Stat	ta at Elanas, Such chanaa w	ac authorized by	the cornerati	oration submits this statement for the ion's board of directors. I hereby acc	purpose of c	hanging it	is registered
agent. La	m familiar with, and accept the obli	gations of Section 607,0505,	Florida Statutes	ine corporati	ions board of directors. Thereby acc	sty me abbon	unen as	registereu
SIGNATURE	Signature, type dion printed name of regedered a							
12.		ND DIRECTORS	NOTE: Registered Ager	nt signature require	ADDITIONS/CHANGES TO OFF	DATE	NRECTOE	29 IN 12
T-ILF	DS	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OT		Change	Addition
NAME	YERMAN, DEBORAH		1.2 NAME			_	• •-	
STREET ADDRESS	P.O. BOX 2532 N/A		1.3 STREET	ADDRESS				
CHTY-ST-ZIP	CRYSTAL RIVER FL 34423		1.4 CITY - S1	r - 7)P				
11111	DP	☐ DELETE	2.1 TITLE				Change	Addition
NAME	WEISS, STEVEN L		2.2 NAME					
STREET ADDRESS	SUITE 4 7655 W. GULF TO I	LAKE HWY.	2.3 STREET	ADDRESS				
C(TY-ST-ZIP	CRYSTAL RIVER FL		2. 4 CITY-S	1 - ZIP				
THLE		DELETE	3.1 TITLE			Ε	Change	Addition
NAME		•	3.2 NAME	1				
STREET ADORESS			3.3 STREET)				
CITY- ST- 7IP		11 00,000	3.4. CITY-\$	T-ZIP			T	
TITLE		DELETE	4.1 TITLE			L	_ Change	☐ Addition
NAME			4 2 NAME					-
STREET ADORESS			4.3 STREET		4			j
CITY-ST ZIP		Deirar	4.4 CiTY-ST	- ZIP			7 65.	
Title		DELETE	5 1 TIFLE			L	Change	Addition
NAME			52 NAME					
STREET ADDRESS			5.3 STREET					
0:Fr - \$1 - 7/P		DELETE	5.4 C/TY - ST	1- ZIP		·····	1 ns	1,370
TIFLE		E) octric	6.1 TTLE			L	_] Change	Addition
NAME CORES NO CO			6.2 NAME			; !		
STREET ADDRESS			6.3 STREET	address		, 1		

14. Les 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 orienter of the comprision or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

inged, or on an attachment with an address.