

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P92000013563 (1)

1. Corporation Name

LAND INVESTMENT AND MARKETING CORPORATION



Principal Place of Business

815 COLORADO AVE  
SUITE 305  
STUART FL 34994

Mailing Address

815 COLORADO AVE  
SUITE 305  
STUART FL 34994

3. Date Incorporated or Qualified  
12/23/1992

3a. Date of Last Report  
01/19/1995

2. Principal Place of Business

21 1940 S.W. Biltmore St.  
Suite, Apt. #, etc.

2a. Mailing Address

26 1940 S.W. Biltmore St.  
Suite, Apt. #, etc.

4. FEI Number

58-2029920

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

22 City & State

23 PORT ST. LUCIE, FLORIDA

24 34984

25 St. LUCIE

27 City & State

28 PORT ST. LUCIE, Florida

29 34984

30 St. LUCIE

9. Name and Address of Current Registered Agent

BODEM, LOREN E  
815 COLORADO AVE  
SUITE 305  
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME D MORGAN, MARK S  
STREET ADDRESS 8036 SE DOUBLE TREE DR.  
CITY-ST-ZIP HOBE SOUND FL 33455

11 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE ☐ DELETE

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11 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

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11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 407-340-3843  
Date Daytime Phone #

CR2E034 (12/95)