## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90208 014 \*\*\*158.75

## 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

Corporation Name . . .

LAND	EXPERTS,	INC.
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Principal Place of Business	Mailing Address	
476 ASCOT CIRCLE N ARASOTA FL 34235 S	4476 ASCOT CIRCLE N SARASOTA FL 34235 US	



Principal Place of Business	Mailing Address			
4476 ASCOT CIRCLE N SARASOTA FL 34235 US	4476 ASCOT CIRCLE N SARASOTA FL 34235 US		DO NOT WRITE IN TH	IS SPACE
••			3. Date Incorporated or Qualifed 07/29/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0430458	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Co 29 30	untry	This corporation owes the current year I     Personal Property Tax.	ntangible □ Yes □ No
9. Name and Address of Current Registered Agent		T	10. Name and Address of New Registered Agent	
BERUFF, CARLOS		81 Name	(DOD Number is Net Assessable)	
4476 ASCOT CIRCLE N.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	•
SARASOTA FL 34239		83		
		84 City	F	L 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 title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating) DATE	· <del></del>	
12.	OFFICERS AND DIRECTORS	13.			
TITLE	PS DELETE	1.1 TITLE	☐ Change	Addition	
NAME	BERUFF, CARLOS	1.2 NAME			
STREET ADDRESS	4476 ASCOT CIRCLE N	1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34235	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE	☐ Change	Addition '	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETÉ	4.1 TITLE	☐ Change	☐ Addition	
NAME		4, 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition	
NAME		5.2 NAME	•		
STREET ADDRESS		5.3 STREET ADDRESS		•	
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition	
NAME		6.2 NAME	•		
STREET ADDRESS		6.3 STREET ADDRESS	•		
O(T)/ OT 710		64 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE: