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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

P93000056472 (2)

EDONITIED	LAND	INVESTMENT	^^pn
FRUNTIFR	LAND	INVESTMENT	CORP.

Principal Place of Business C/O BAYROCK INVESTMENT CO. Mailing Address

C/O BAYROCK INVESTMENT CO



1101 TYVOLA ROAD CHARLOTTE NC 28217		1101 TYVOLA ROAD CHARLOTTE NG 28217			
				 Date Incorporated or Qualified 08/09/1993 	3a. Date of Last Report 06/30/1995
2. Principal Pla		2a, Mailing Address		4. FEI Number	Applied For
	hudreds circix	26 53 HUNDRE	<u>EDS chale</u>	65-0440738	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Welly	esley, MA	City & State 28 Wellesley	, MA	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24 0218	9. Name and Address of Current I	29 02/8/	30	Florida Statutes Yes 10. Name and Address of New Re	₩ No
1390 MA Suite 8	RICHARD D AIN ST	Neglective Agent	81 Name 6 82 Street Addre 2.0 83 50	OADA RICHAYD ess (P.O. Box Number is Not Acceptable 233 MAIN Stys- it-c 303	D ,
	77A T E 04230		84 City Ca		85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502 ar	nd 607.1508, Florida Statutes	, the above-named corpor	ation submits this statement for the purp	ose of changing its registered office
Oi legistere	ed agent, or both, in the State of Florida. h, and accept the obligations of, Section	South change was admonized	by the corporation's boar	ation submits this statement for the purp of of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent on	la - Pa	equality Begistered Agent signature required	when reinstation)	6/22/96
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
TIFLE	D	☐ DELETE	1. 1 TITLE		Change Addition
NAME	HUGHES, MICHAEL L		1.2 NAME		
STREET ADDRESS	53 HUNDREDS CIR		13 STREET ADDRESS		
CITY - ST - ZIP	WELLESLEY MA 02181		1.4 CCY-ST-ZIP		
TIFLE		☐ DELETE	2. 1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		E3 proces	2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE	,	Change 🔲 Addition
NAME STREET ADDRESS			3 2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		ľ
TIFLE		☐ DELETE	3.4 City-ST-ZiP 4.1 Title		☐ Change ☐ Addition
NAME		<u></u>	4.2 NAME		Change T Addition
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		C energe C vincenson
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-SI-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do hereby	certify that the information supplied with	this filing is voluntarily furnish	ed and does not qualify for	r the exemption stated in Section 110 0	7(2)(b) Florido Chabitan I findha

certify that the information supplied with this filling 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 on an attachment with an address.

Michael L. Hughes