

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000068898 (4)
1. Corporation Name
SCENIC LAND DEVELOPMENT CORPORATION



Principal Place of Business 1500 E. ATLANTIC BLVD POMPANO BCH FL 33060	Mailing Address 1500 E. ATLANTIC BLVD POMPANO BCH FL 33060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/27/1993	
4. FEI Number 65-0446216		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ROTH, RICHARD H 1500 E ATLANTIC BLVD POMPANO BEACH FL 33060				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P, S, D
NAME	SHELTON, DAVID	1.2 NAME	
STREET ADDRESS	POB 160085 NA	1.3 STREET ADDRESS	P.O. Box 2445 2700 Hoppe Trail
CITY-ST-ZIP	BIG SKY MT	1.4 CITY-ST-ZIP	Round Rock, Texas 78681
TITLE	VSD	2.1 TITLE	
NAME	GERRARD, KENNETH M	2.2 NAME	
STREET ADDRESS	2920 SW 22ND AVE #601	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	RICHARD H. ROTH	3.2 NAME	
STREET ADDRESS	1500 E. ATLANTIC BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	
NAME	LASHLEE, WILLIAM B.	4.2 NAME	
STREET ADDRESS	104 SPYGLASS	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. SIMONS ISLAND GA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE _____ David K. Shelton 4-25-1998 512-314-1818

CR2E034 (10/97)