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

DOCUMENT # P93000072722

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

LAND LCARAGE INC

ט אווט ט	CALINGE, INC.				 	A 1 4410 14471 1 4410 1	
Principal Place	e of Business	Mailing Address		· _			
4477 122ND AVENUE NORTH 4477 122ND AVENUE NORTH							
UNIT #1 UNIT 1					DO NOT WRITE IN TH	IS SDACE	
US	VATER FL 33762 CLEARWATER FL 33762 US				3. Date Incorporated or Qualifed	IS ST ACE	
03	_				10/20/1993		
2. Principal Plage of Business 21 447					4. FEI Number	<u> </u>	plied For
					59-3207263		t Applicable
Suite, Apt. #, etc. 27 Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State 23 CLARUNCA T. 28 City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip Country Zip Court				У	This corporation owes the current year Personal Property Tax.	Intangible	□No
24 07 (4	9. Name and Address of Current		<u>'</u>		10. Name and Address of New Registere		
	5. Name and Address of Current	registeres Agent	8	1 Name	10.		
ALFORD, JOHN F							
4477 122ND AVENUE NORTH				2 Street Addr	ess (P.O. Box Number is Not Acceptable)		
UNIT 1				3			
CLEARWATER FL 33762							
				4 City	F	L 85 Zip C	Lode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ve-named corp	oration submits this statement for the purpose	of changing its	registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ions of, Section 607.0505, Florida	a Statute	s.	on's board of directors. I hereby accept the app		giatoroo
SIGNATURE	JOHNE ALFORD TORGE	WENT O	M7	(Cest	4-25	77	
	Signature, typed or printed name of registered agent		_	ent signature required		110 0105070	DO 1140
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PTS	☐ DELETE	1.1 TITLE			Change	
NAME	ALFORD, JOHN F 3051 UNION ST N		12 NAME				
STREET ADDRESS	ST PETERSBURG FL			ET ADDRESS			
CITY-ST-ZIP TITLE	SI FEIENSBUNG FL	☐ DELETE	1.4 CITY- 2.1 TITLE			Change	Addition
			2.2 NAME	ŧ			_
NAME STREET ADDRESS				ET ADDRESS			
	15		2. 4 CITY-	i			{
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME	.			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME		!	4. 2 NAMI	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			Í
CITY-ST-ZIP			4.4 CITY	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME .			5.2 NAME				1

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

Change

Addition

May 06, 1999 8:00 am Secretary of State

05-06-1999 90131 041 ***150.00