

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90150 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P93000083262**  
 1. Corporation Name **LAND & WATER DEV. INT. INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business **2030 N.E. 2ND ST. DEERFIELD BEACH FL - 33441**  
 Mailing Address **10549 WHEEL HOUSE CIR BOCA RATON FL - 33428**

|    |                                |    |                     |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. |
| 23 | City & State                   | 28 | City & State        |
| 24 | Zip                            | 29 | Zip                 |
|    | Country                        | 30 | Country             |

|    |                                                                                                                                                                      |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. | Date Incorporated or Qualified                                                                                                                                       |
| 4. | FBI Number <b>65-0982251</b>                                                                                                                                         |
|    | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>                                                                                         |
| 5. | Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                         |
| 6. | Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                      |
| 8. | This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

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                                           |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                                                     |
|----------------|-----------------------------------------------------|
| TITLE          | <b>NASREEN ALAM</b> <input type="checkbox"/> DELETE |
| NAME           | <b>NASREEN ALAM</b>                                 |
| STREET ADDRESS | <b>10549 WHEEL HOUSE CIR</b>                        |
| CITY-ST-ZIP    | <b>BOCA RATON FL-33428</b>                          |
| TITLE          | <input type="checkbox"/> DELETE                     |
| NAME           |                                                     |
| STREET ADDRESS |                                                     |
| CITY-ST-ZIP    |                                                     |
| TITLE          | <input type="checkbox"/> DELETE                     |
| NAME           |                                                     |
| STREET ADDRESS |                                                     |
| CITY-ST-ZIP    |                                                     |
| TITLE          | <input type="checkbox"/> DELETE                     |
| NAME           |                                                     |
| STREET ADDRESS |                                                     |
| CITY-ST-ZIP    |                                                     |
| TITLE          | <input type="checkbox"/> DELETE                     |
| NAME           |                                                     |
| STREET ADDRESS |                                                     |
| CITY-ST-ZIP    |                                                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|    |                |                                                                   |
|----|----------------|-------------------------------------------------------------------|
| 11 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 | NAME           |                                                                   |
| 13 | STREET ADDRESS |                                                                   |
| 14 | CITY-ST-ZIP    |                                                                   |
| 21 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 | NAME           |                                                                   |
| 23 | STREET ADDRESS |                                                                   |
| 24 | CITY-ST-ZIP    |                                                                   |
| 31 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 | NAME           |                                                                   |
| 33 | STREET ADDRESS |                                                                   |
| 34 | CITY-ST-ZIP    |                                                                   |
| 41 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 | NAME           |                                                                   |
| 43 | STREET ADDRESS |                                                                   |
| 44 | CITY-ST-ZIP    |                                                                   |
| 51 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 | NAME           |                                                                   |
| 53 | STREET ADDRESS |                                                                   |
| 54 | CITY-ST-ZIP    |                                                                   |
| 61 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 | NAME           |                                                                   |
| 63 | STREET ADDRESS |                                                                   |
| 64 | CITY-ST-ZIP    |                                                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.22(1), 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: **Nasreen Alam** **NASREEN ALAM** **420.99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date