

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**APPROVED
AND
FILED**

97 AUG -8 AM 8:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000087604 (3)

1. Corporation Name

LAND INVESTMENT SERVICES, INC.

Principal Place of Business

**2040 CLARKE AVENUE
FT. MYERS FL 33905
US**

Mailing Address

**2040 CLARKE AVENUE
FT. MYERS FL 33905
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/22/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0456926	Applied For <input type="checkbox"/> 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 7370 COLLEGE PKWY.
22 City & State	27 Suite 300
23 Zip	28 Fort Myers, FL
24 Country	29 33907
25	30 Lee

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHUMANN, RAYMOND L 6225 PRESIDENTIAL CT., STE. A FT. MYERS FL 33919	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7370 College Pkwy., Suite 300 83 84 City Fort Myers FL 85 Zip Code 33907

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

Raymond L. Schumann
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

Raymond L. Schumann

07/25/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMANN, RAYMOND L	1.2 NAME	
STREET ADDRESS	9220 BONITA BEACH RD., BLDG. 2, STE 227	1.3 STREET ADDRESS	2040 CLARKE AVENUE
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	Fort Myers FL 33905
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, ROBERT	2.2 NAME	
STREET ADDRESS	9220 BONITA BEACH RD., BLDG. 2, STE 227	2.3 STREET ADDRESS	Same as Above
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDHEIM, KEVIN J	3.2 NAME	
STREET ADDRESS	9220 BONITA BEACH RD., BLDG. 2, STE 227	3.3 STREET ADDRESS	Same as Above
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLING, DAVID	4.2 NAME	
STREET ADDRESS	2040 CLARKE AVENUE	4.3 STREET ADDRESS	600002266346-FC
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	-08/13/97-01106-011
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMANN, RONALD L	5.2 NAME	
STREET ADDRESS	9220 BONITA BEACH RD., BLDG. 2, STE 227	5.3 STREET ADDRESS	Same as above
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	19781
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 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:

Raymond L. Schumann
Signature, typed or printed name of registered agent and title, if applicable

CR2E034 (4/97)