

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

FILED
Sep 29 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 # P94000071365
1. Corporation Name

TELLURIDE LAND CORP.

Principal Place of Business Mailing Address

One Financial Plaza
Suite 2111
Fort Lauderdale, Florida 33394

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. One Financial Plaza	26. One Financial Plaza	September 28, 1994			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number			
22. Suite 2111	27. Suite 2111	65-0529802			
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23. Fort Lauderdale, FL.	28. Fort Lauderdale, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip	Country	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			
24. 33394	25. USA	29. 33394 30. USA			

9. Name and Address of Current Registered Agent

Mitchel D. Garfinkel
GARFINKEL, PALMER & GENEROTTI
One Financial Plaza Suite 2111
Fort Lauderdale, Florida 33394

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	1.2 NAME	
STREET ADDRESS	Mitchel D. Garfinkel	1.3 STREET ADDRESS	
CITY-ST-ZIP	One Financial Plaza Suite 2111 Fort Lauderdale, FL. 33394	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	2.2 NAME	
STREET ADDRESS	Mitchel D. Garfinkel	2.3 STREET ADDRESS	
CITY-ST-ZIP	One Financial Plaza Suite 2111 Fort Lauderdale, FL 33394	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	3.2 NAME	
STREET ADDRESS	Mitchel D. Garfinkel	3.3 STREET ADDRESS	
CITY-ST-ZIP	One Financial Plaza Suite 2111 Fort Lauderdale, FL 33394	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	
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: Mitchel D. Garfinkel

9/29/98 954 523 2440

CR2E034 (10/97)