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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthem

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400084101 (2)

LAND STREET PROPERTIES, INC.

Principal Place of Business	Mailing Address					
1600 N CASEY KEY RD OSPREY FL 34229	1800 N CASEY KEY RD OSPREY FL 34229-9790					

FILED
May 05 1997 8:00am
Secretary of State



OSPREY FL 342	229	OSP	OSPREY FL 34229-9790									
							<ol> <li>Date Incorporated or Qualified 11/15/1994</li> </ol>	3a. Da	ite of L		port	
	lace of Business	L	Mailing Address				4. FEI Number			Apr	oli <b>e</b> d For	
	. Tamiami Tr						65-0537386			Not	Applicable	
Suite, Apt #, etc.			Suite, Apt #, etc.								8.75 Additional Fee Required	
City & Stat 23 Ospre	ey, Florida	<b></b>	City & State Osprey, ]	Florida	a.	1	Election Campaign Financing     Trust Fund Contribution				May Be o Fees	
Zip	Country		Zip	Counti	у	1	8. This corporation has liability for	intangible	tax un	der s.	199.032,	
24 3422			34229	30 US				Yes [				
	9. Name and Address of	of Current Registe	ered Agent			<del></del>	<ol><li>Name and Address of New Ro</li></ol>	gistered /	Agent			
	es, Jeffrey F			8	Name							
	n casey key RD			8:	Street	Address	(P.O. Box Number is Not Accepta	ble)		******		
ospi	REY FL 34229			ļ.,								
				8:	<b>'</b>							
				8-	City			P**1	85	Zip C	ode	
					<u> </u>			PL				
office or r agent   a	to the provisions of Sections registered agent, or both, in rm familiar with, and accept to the provisions of the pro	the State of Florid the obligations of,	a. Such change wa Section 607.0505,	tutes, the about is authorized t Florida Statuti	ve-named by the cor as.	rporation's	tion submits this statement for the s board of directors. I hereby acce	purpose of pt the app	ointme	ntas r	registered egistered	
SIGNATURE												
	Stgrature typed or printed name of re			OTE: Registered A	ent signatur	e required wi		DATE	01054		211146	
12.	T	ERS AND DIREC	DELETE	13.		Τ	ADDITIONS/CHANGES TO OFFI	CERS AND	Cha		Addition	
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NAME	JONES, JEFFREY F			1.2 NAME								
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NAME			L. John C.	62 NAME								
· · · -					T ADDRESS	ļ						
STREET ADDRESS				635IRE								

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** 



4.27.97

941.966.7818