COR ANNU	PROFIT RPORATION JAL REPORT 1997		Sandra I Secreta	RTMENT OF STATE 5. Mortham iry of State CORPORATIONS	May 12 Secret		7 8:00a of State
SIGNATU	JRE LAND DEVE	94000090 Lopments, inc.					
Principal Place 2604 PINEBRO AYONET POIN		12604	ing Address I PINEBROOK LANE WET POINTE FL 348	87-3019	T TODINOG AFD FORM UNIT OF TOTAL	814 20 40 (8 44 4	uran Birte naida biet ente
					3. Date Incorporated or Qualifier 12/12/1994		
2. Principal Pl	lace of Business	2a. h 26	Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt.	#, etc.	s	Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75 Additional
City & State	8		City & State	<u></u>	6. Election Campaign Financing		\$5.00 May Be
zip	Coun	try 28	2ip	Country	Trust Fund Contribution 8. This corporation has liability for		······································
l	25 9 Name and Add	29 ress of Current Register	red Agent	30	Florida Statutes 10, Name and Address of New		
	LIE, WALLACE J			81 Name			
	GULF BLVD. AN ROCKS BEACH	FL 34635		82 Street Ad	dress (P.O. Box Number is Not Accep	table)	
					······································	05/17/1996 Applied For Not Applic psired \$8.75 Additional Fee Required nancing \$5.00 Added to Fees ability for Intanglble tax under s. 199.03: Yes No Mew Registered Agent	
1124				83			
1. Pursuant f	to the provisions of Se	ctions 607.0502 and 607 th, in the State of Florida	. 1508, Florida Statul Such change was	84 City tes, the above-named co authorized by the corpor	provation submits this statement for the ration's board of directors. I hereby acc	FL e purpose of cept the app	85 Zip Code changing its registered ointment as registered
1. Pursuant f office or n agent. La siGNATURE 2.	to the provisions of Se egistered agent, or bo m familiar with, and ac Signature typicities proted ra	ctions 607 0502 and 607 th, in the State of Florida cept the obligations of, S ne of registered agoint and title # OFFICERS AND DIRECT	section 607.0505, Fl applicable (NO ORS	84 City tes, the above-named cc authorized by the corpor orida Statutes.	provation submits this statement for the ration's board of directors. I hereby acc quired when reinslating) ADDITIONS/CHANGES TO OF	e purpose of cept the app DATE	changing its registered ointment as registered
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