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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90101 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000092844**

1. Corporation Name
JAMES C. LANDON, CPA, P.A.
 St. John & Landon Financial Services Corporation



Principal Place of Business
 1640 NW BOCA RATON BLVD
 STE 3D
 BOCA RATON FL 33432
 US

Mailing Address
 1640 BOCA RATON BLVD
 STE 3D
 BOCA RATON FL 33432
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified
12/23/1994

4. FEI Number
65-0543213

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing. **\$5.00** May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
LANDON, LOU A
1534 S.W. 7TH AVENUE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
 81 Name
James C. Landon
 82 Street Address (P.O. Box Number is Not Acceptable)
1640 NW Boca Raton Blvd.
 83
 84 City **Boca Raton** **FL** 85 Zip Code **33432**

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]* DATE **4-19-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	ST LONDON, JAMES C.	<input type="checkbox"/> DELETE
NAME	1534 SW 7TH AVE	
STREET ADDRESS	BOCA RATON FL	
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ST. JOHN, MICHAEL J.	
STREET ADDRESS	1640 NW BOCA RATON BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
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

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Landon, James C.	
1.3 STREET ADDRESS	1640 NW Boca Raton Blvd.	
1.4 CITY-ST-ZIP	Boca Raton, FL 33432	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 DATE: **1-13-99** DAYTIME PHONE #: **1-561-391-4848**

CR2E034 (11/98)