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[AMENDS]

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT 24 AM 9:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000093782 (8)

1. Corporation Name

112 LAND CORP.

Principal Place of Business

Mailing Address

19810 SAWGRASS DR.
#402

19810 SAWGRASS DR.
#402

BOCA RATON, FL 33434
USA

BOCA RATON, FL
USA 33434

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/29/94

3a. Date of Last Report

05/21/1996

4. FEI Number

65-0542989

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

MADDEN, JOHN B.

19810 SAWGRASS DRIVE #402

BOCA RATON, FL 33434

81 Name

SYDELLE MADDEN

82 Street Address (P.O. Box Number is Not Acceptable)

19810 SAWGRASS DRIVE

83

#402

84 City

BOCA RATON

FL

85 Zip Code

33434

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.

SYDELLE MADDEN PRES

(NOTE: Registered Agent signature required when reinstating)

10/1/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME MADDEN, STEVEN H.
STREET ADDRESS 300 MONICA ST #21-A
CITY-ST-ZIP NEW JERSEY 10003-6739

TITLE SD
NAME MADDEN, JOHN B.
STREET ADDRESS 19810 SAWGRASS DR. #402
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SEC/DIR. ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ~~SEC/DIR.~~ ☒ Change ☒ Addition
2.2 NAME SYDELLE MADDEN
2.3 STREET ADDRESS 19810 SAWGRASS DR. #402
2.4 CITY-ST-ZIP BOCA RATON, FL 33434

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 600002326996
3.3 STREET ADDRESS -10/22/97--01082--001
3.4 CITY-ST-ZIP *****70.00 *****70.00

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

☒ Signature typed or printed name of signing officer or director

SYDELLE MADDEN

10/21/97

Date

105. (561) 451-8121

Daytime Phone #

CR2E034 (9/96)