

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000047655 (2)**

1. Corporation Name

FLORIDA WEST COAST LAND CORPORATION

Principal Place of Business

Mailing Address

**1300 NORTH FEDERAL HIGHWAY STE 1030
BOCA RATON FL 33432**

**1300 NORTH FEDERAL HIGHWAY STE 1030
BOCA RATON FL 33432**



2. Principal Place of Business:

2a. Mailing Address

21 **3634 Gaviota Dr.**

26 **3634 Gaviota Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Ruskin, FL**

28 **Ruskin, FL**

Zip

Country

Zip

Country

24 **33573**

25 **U.S.**

29 **33573**

30 **U.S.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/15/1995

3a. Date of Last Report

4. FEI Number

65-0604789

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

**TATUM, THOMAS R
200 EAST LAS OLAS BOULEVARD STE 1800
FORT LAUDERDALE FL 33301**

31 Name

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

34 City

FL

35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agent 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 the applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
MILLER, MICHAEL L**
STREET ADDRESS **1300 NORTH FEDERAL HIGHWAY STE 1030**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME **D
MILLER, MICHAEL L**
STREET ADDRESS **614 SUPERIOR AVENUE N.W.**
CITY-ST-ZIP **CLEVELAND FL 44113**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)