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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000074119 (5) DOCUMENT #

EVERGLADES LAND BANK COMPANY

Principal Place of Business	Mailing Address					
2015 SW 13TH STREET MIAMI FL 33145	2915 SW 13TH STREET MIAMI FL 33145					
2. Principal Place of Business	2a. Mailing Address					

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								t i d blifeði fað ibaða b allit bb fal dö ful		JIL BISDI (1881 111	310 FB1(160)
2915 SW 13TH STREET 2915 SW 13TH STREET											
MIAMI FL 33145 MIAMI FL 33145							DO NOT WRITE IN THIS SPACE				
							-	3. Date Incorporated or Qualified			
								09/26/1995			
<u> </u>	Place of Busines	ss	2a. Mailir	ng Address				4. FEI Number		Ar	oplied For
21			26	· · · · · · · · · · · · · · · · · · ·				65-0745843			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27			· · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired		Fee Required		
City & State City & State						Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
į ∠ip	Zip Country Zip			Counti	у		8. This corporation owes or has paid the current year Intangible				
24	25 29 30			30	Personal Property Tax due June 30. 🔲 Yes 🛄 No						
		nd Address of	Current Registered	Agent		1 6		0. Name and Address of New F	legistered	Agent	
	JCK e r, J				8	l Name	9				
2915 \$W 13TH STREET MIAMI FL 33145				8:	Street	Address	ess (P.O. Box Number is Not Acceptable)				
	•				8:	3					
					8	City		<u>.</u>	FL	85 Zip (Code
11. Pursuant	to the provision	ns of Sections 6	07.0502 and 607.150 State of Florida, Su	08, Florida Statu	tes, the abo	ve-named	d corpora	tion submits this statement for the s board of directors. I hereby acc	purpose o	of changing it	ts registered
agent. I a	am fam iliar with,	and accept the	obligations of, Sect	ion 607.05 05 , Fl	orida Statut	9S.	- poration	o board of amounts. Thorough and	op. me op	Jon to Horn Go	. Dg.ioto. Dar
SIGNATURE											
10	Signature, typed or	······································	eted agent and title if applic RS AND DIRECTORS	<u> </u>	If Registered A	gent signatur	e required w	her reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR	29 IN 12
12.	P	OFFICE	no AND DINECTONS	, DELETE	1,1 TITLE		T	ADDITIONS/OFFAINGES TO OFF	IOENS AN	Change	Addition
NAME	TUCKER,	d.			1.2 NAME						
STREET ADDRESS		. 13TH ST.				1 ADDRESS					
CITY-ST-ZIP	MIAMI FL				1.4 CITY						
TITLE	 			DELETE	2.1 TITLE			······································		Change	Addition
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREI	T ADDRESS	1				
CITY-ST-ZIP	J				2. 4 CITY	- S1 - ZIP					
TITLE				DELETE	3.1 TITLE					☐ Change	Addition
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREI	T ADDRESS					
CITY-ST-ZIP				T 66.555	3.4. CITY					——————————————————————————————————————	
TITLE				☐ DELETE	4.1 TITLE					L Change	Addition
NAME					4. 2 NAM		1				
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP				DELETE	4.4 CITY -					☐ Change	Addition
TITLE				OCCUPIE	5.1 TITLE					— oranga	C Vontagu
NAME PARTE ADDRESS					5.2 NAME						
STREET ADDRESS	:					T ADDRESS	1				
CITY-ST-ZIP TITLE				DELETE	5.4 CITY - 6.1 TITLE		1			☐ Change	Addition
NAME				C DELETE	6.2 NAME		1				
STREET ADDRESS	1					T ADDRESS	1				
CITY-ST-ZIP					6.4 CITY		1				
Ulti-GI*Alf	4				6.4 0111	WI All	.1				

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 trusted 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.