

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Motham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000016219 (3)**

1. Corporation Name  
**SOUTHERN LAND & TRUST CORPORATION**



Principal Place of Business <b>5275 BABCOCK ST. N.E., SUITE 11-112 PALM BAY FL 32905</b>	Mailing Address <b>5275 BABCOCK ST. N.E., SUITE 11-112 PALM BAY FL 32905-8631</b>
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2. Principal Place of Business 21 <b>1280 SARNO RD.</b> Suite, Apt. #, etc. 22 <b>101</b> City & State 23 <b>MELBOURNE FL</b> Zip Country 24 <b>32935</b> 25 <b>US</b>	2a. Mailing Address 26 <b>1280 SARNO RD</b> Suite, Apt. #, etc. 27 <b>101</b> City & State 28 <b>MELBOURNE FL</b> Zip Country 29 <b>32935</b> 30 <b>US</b>
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3. Date Incorporated or Qualified <b>02/19/1996</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ELLIS, J. DAVID 5275 BABCOCK ST. N.E., SUITE 11-112 PALM BAY FL 32905</b>	10. Name and Address of New Registered Agent 81 Name <b>J. David Ellis</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1280 SARNO RD</b> 83 <b>Suite 101</b> 84 City <b>Melbourne</b> <b>FL</b> 85 Zip Code <b>32935</b>
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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 *J. David Ellis* **J. David Ellis** **9/25/97**  
(NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>POTD</b>	<input type="checkbox"/> DELETE
NAME <b>ELLIS, J. DAVID</b>	
STREET ADDRESS <b>5275 BABCOCK ST. N.E., SUITE 11-112</b>	
CITY-ST-ZIP <b>PALM BAY FL 32905</b>	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>ELLIS, J. D.</b>	
1.3 STREET ADDRESS <b>1280 SARNO RD., Suite 101</b>	
1.4 CITY-ST-ZIP <b>MELBOURNE, FL 32935</b>	
2.1 TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>ELLIS, J. D.</b>	
2.3 STREET ADDRESS <b>1280 SARNO RD., Suite 101</b>	
2.4 CITY-ST-ZIP <b>MELBOURNE FL 32935</b>	
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	

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**-04/30/97--01039--012**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1905, 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: *J. D. Ellis* **J. D. Ellis** **9/25/97** **(407) 956-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)