

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

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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000052276 (8)

1. Corporation Name
EXECUTIVE LAND PARTNERS, INC.



Principal Place of Business
241 SEVILLA AVENUE
SUITE 805
CORAL GABLES FL 33134-6800

Mailing Address
241 SEVILLA AVENUE
SUITE 805
CORAL GABLES FL 33134-6800

3. Date Incorporated or Qualified 06/19/1996
3a. Date of Last Report N/A

2. Principal Place of Business
21 415 S.W. 183 WAY
Suite, Apt. #, etc.
22
City & State
23 Pembroke Pines, FL
Zip
24 33089
Country
25 USA
2a. Mailing Address
26 P.O. Box 822291
Suite, Apt. #, etc.
27
City & State
28 South Florida, FL
Zip
29 33082-2291
Country
30 USA

4. FEI Number 65-0721474
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

9. Name and Address of Current Registered Agent

KOBERT, ROGER S
241 SEVILLA AVE.
SUITE 805
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name JOHN F. HEGGY, Treasurer
82 Street Address (P.O. Box Number is Not Acceptable) 415 S.W. 183 WAY
83
84 City Pembroke Pines FL 85 Zip Code 33029

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 JOHN F. HEGGY, Treasurer 4/1/97
(NOTE: Registered Agent signature required for change of agent.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HEGGY, JOHN F	
STREET ADDRESS	415 S.W. 183RD WAY	
CITY-ST-ZIP	FERNANDIAN BEACH FL 33029	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUST, JACK R JR.	
STREET ADDRESS	715 S.W. 16TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	
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	V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: JOHN F. HEGGY, Treasurer 4/1/97 954-431-8547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)