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

PROFIT CORPORATION ANNUAL REPORT

1998



I LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052276 (8)

EXECUTIVE LAND PARTNERS, INC.

FILED Apr 07 1998 8:00am Secretary of State

Principal Place	WAY	Mailing Address PO BOX 822291 SUITE 866		DO NOT WRITE	
PEMBROKE PINES FL 33029 SOUTH FL US US		SOUTH FLORIDA FL 3308 US	2-2291	3. Date Incorporated or Qualified	IN THIS SPACE
	ace of Business S.W. 183 WAY #, etc	28. Mailing Address 26. P.O. Box 8 Suite, Apt #, etc.	22291	06/19/1996 4. FEI Number 65-0721474 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Regulred
City & State	1 1 1	City & State 28 South Flore	ida, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3300	Country 25 45A 9. Name and Address of Curren	29 33082-2291 3	Country 0 USA	This corporation owes or has paid Personal Property Tax due June Name and Address of New Reg	30. X Yes No
HEGGY, JOHN F T 415 S.W. 183 WAY COUTE 995 PEMBROKE PINES FL 33029			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		
11. Pursuant toffice or reagent. Lar	to the provisions of Sections 607.050; ogistered agent, or both, in the State in familiar with, and accept the obliga	and 607.1508, Florida Statutes of Florida Such change was aut tions of Section 607.0505, Flori	the above-named of	corporation submits this statement for the purporation's board of directors. I hereby accept	Lurpose of changing its registered
	Signature, typed or printed name of required age of		registered Agent signature r		DATE
12. TITLE NAME STREET ADDRESS	VTS HEGGY, JOHN F 415 S.W. 183RD WAY	DEFIE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	Change Addition
CITY-ST-ZIP TITLE NAME	PEMBROKE PINES FL >9x RUST, JACK R JR.	[] DETENE	1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	P	Change Addition
STREET ADDRESS City-St-Zip	715 S.W. 16TH STREET FT. LAUDERDALE FL 33319	price	2.3 STREET ADDRESS 2.4 City-St-Zip		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change C Addition
TITLE NAME STREET ADDRESS	 	DELETE	4 1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELFTE	4 4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP 14. I hereby c	ertify that the information supplied wi	In this filing does not qualify for	6.3 STREET ADDRESS 6.4 CHY-ST-ZIP the exemption stated	1 in Section 119.07(3)(i), Florida Statutes. I f lature shall have the same legal effect as if	ruther certify that the information

4. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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. HESSY, V.P. 3/31/98 305-512-80