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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055994 (3)

BDC LAND COMPANY

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Principal Place of Business Mailing Address									
				401 W COLONIAL DRIVE					
401 W COLONIAL DRIVE SUITE 7				SUITE 7					
ORLANDO FL 32804				ORLANDO FL 32804-6829					
				_				3. Date Incorporated or Qualified 3a. Date of Last Report 07/02/1996	
2. Principal Pl	lace of Busin	ness	2a. M	2a. Mailing Address				4. FE Number Applied For	
21]			26					59-3438123 Not Applicable	
Sulte, Apt.	#, etc.		├ ¬	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22				[27]				Fee Required	
City & State	е			City & State				8. Election Campaign Financing \$5.00 May Be	
Zip Country			28	Zip Country				Trust Fund Contribution	
24		25	29	Ψ'	30	ii y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	
24]	9. Name and Address of Curren					<u> </u>		10. Name and Address of New Registered Agent	
1440	ARTHUR, 1					31	Name	<u> </u>	
						32			
401 W COLONIAL DRIVE							Street A	t Address (P.O. Box Number is Not Acceptable)	
SUITE 7							~		
ORLANDO FL 32804									
					1	34	City	FL 85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Hegistered Agent signature required when reinstaling) DATE									
12.			ND DIRECTO		13.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			☐ DELETE		1.1 TITLE		Change Addition	
NAME	ME MACARTHUR, WILLIAM H			1.2					
STREET ADDRESS 401 W COLONIAL DRIVE, SUIT			JITE 7	E 7 1.3 STREET ADDRESS			ADDRESS		
CITY-ST-ZIP OFLANDO FL 32804							-7IP		
TITLE				☐ DELETE				A5, T ☐ Change ☑ Addition	
NAME						5.5 NVWE		ELIZABERY S. COLANT 40 W. COLOMA DR. STE7	
STREET ADDRESS					2 3 STR	[EL#	ADDRESS	40 W. COLOMA DR. STET	
CITY-ST-ZIP					2 4 01		1 - ZIP	ORLANDO, FC 32801	
TITLE				☐ DEFELLE	31 1111			Change L Addition	
NAME					3.2 NAN				
STREET ADDRESS					3 3 STH	EET #	ADDRESS		
CITY-ST-ZIP	<u> </u>			T Street	3 4, 01		T - ZIP		
TITLE				☐ DETETE	41 111		[Change Add-tion	
NAME					4 2 NA		ĺ		
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP				Delete	4 4 CIT		- ZIP	Change Addition	
THE				☐ DELETE	5 1 TiYL		İ	☐ Change ☐ Addition	
NAME					5.2 NAM		. DDDDESS		
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP TITLE	 			DELETE	54 CIT		1-7IP	Change Addition	
				L. OLLUIL	6.1 TITU 6.2 NAM			Li change Li Addition	
NAME STREET ADORESS							ADDECC	,	
				6.3 STREFT 6.4 CITY - S'					
CITY-ST-ZIP	l .				5.4 CII	ı - Sİ	- 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 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.

SIGNATURE EQUISION

4/29/9-

(407)425-8276

FILED

May 06 1997 8:00am

Secretary of State