

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

FILED
Jun 19 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 # P96000058813 (2)

1. Corporation Name

CONSOLIDATED LAND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

12551 EQUESTRIAN CIR., STE. 701
FT. MYERS FL 33907

12551 EQUESTRIAN CIR., STE. 701
FT. MYERS FL 33907-7555



2. Principal Place of Business		2a. Mailing Address	
21	8751 BELLE MEADE DR	26	8751 BELLE MEADE DR
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	FL MY FL	28	FL MY FL
Zip		Zip	
24	33908	29	33908
Country		Country	
25	USA	30	USA

3. Date Incorporated or Qualified	3a. Date of Last Report
07/12/1996	
4. FEI Number	Applied For
59-3424599	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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		10. Name and Address of New Registered Agent	
JACKSON, THOMAS 12551 EQUESTRIAN CIR., STE. 701 FT. MYERS FL 33907		81 Name THOMAS JACKSON	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		8751 BELLE MEADE DR	
		83	
		84 City	
		FL	
		85 Zip Code	
		33908	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Pres.
NAME	JACKSON, THOMAS	1.2 NAME	THOMAS JACKSON
STREET ADDRESS	12551 EQUESTRIAN CIR., STE. 701	1.3 STREET ADDRESS	8751 BELLE MEADE DR
CITY-ST-ZIP	FT. MYERS FL 33907	1.4 CITY-ST-ZIP	FL MY FL 33908
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: _____

4-22-97 (24) 437-446x

CR2E034 (9/96)