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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081507

1. Corporation Name

LANDON DEVELOPMENT CORPORATION OF FLORIDA

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Principal Place of Business Mailing Address									10E(10E(
626 GULF SHORE BLVD. SOUTH		POS	POST OFFICE BOX 893						
NAPLES FL 34102			BLOOMFIELD HILLS MI 48303				BO NOT WINTE IN T	IS SDACE	
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 09/30/1996.		
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number	 	lied For
21		26					59-3405120		Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re	I .
City & State			City & State				6. Election Campaign Financing	\$5.00	
23		28					Trust Fund Contribution	Added to	Fees
Zip	Country	<u> </u>	Zip	Countr	У		8. This corporation owes the current year		
24	25	29		0			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Register	a Agent	
ADOI	NOCE INNET			8	1 N	ame			
ARONOFF, JANET 626 GULF SHORE BLVD. SOUTH			•		2 S	treet Addre	ress (P.O. Box Number is Not Acceptable)		
NAPL	ES FL 34102			8	3				
				8	4 C	ity	F	85 Zip C	ode
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Floric	da. Such chandé was auti	nonzea b	v tne	mød corpor corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its	registered gistered
SIGNATURE			- Indeed				when reinstating) DATE		· \
	Signature, typed or printed name of registered ag			13.	ent sig	nature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
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14. I 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, with all other like empowered.

SIGNATURE:

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90196 044 ***150.00