

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

FILED

May 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 # P96000084681 (1)

1. Corporation Name  
LAND DEVELOPERS OF SOUTH FLORIDA, INC.



Principal Place of Business  
STE. 100, 6701 SUNSET DR.  
MIAMI FL 33143

Mailing Address  
STE. 100, 6701 SUNSET DR.  
MIAMI FL 33143-4529

3. Date Incorporated or Qualified  
10/14/1996

3a. Date of Last Report

2. Principal Place of Business  
21 14236 SW. 136 Street  
Suite, Apt. #, etc.

2a. Mailing Address  
26 14236 SW. 136 St  
Suite, Apt. #, etc.

4. FEI Number  
Applied For  
☒ Not Applicable

22 City & State  
23 MIAMI FLORIDA

27 City & State  
28 MIAMI FLORIDA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33186 25 DADE

29 33186 30 DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

81 Name SANDRA A. LOBUE  
82 Street Address (P.O. Box Number is Not Acceptable)  
16555 SW. 200 Street  
83  
84 City MIAMI FL 85 Zip Code 33187

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 *Sandra A. Lobue* SANDRA A. LOBUE

DATE 4/24/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEENE, PATT J	
STREET ADDRESS	STE. 100, 6701 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL 33143	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SANDRA A. LOBUE P/D	
2.3 STREET ADDRESS	16555 SW. 200 St.	
2.4 CITY-ST-ZIP	MIAMI FLORIDA 33187	
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: *Sandra A. Lobue*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97  
305-232-2340  
Daytime Phone #

CR2E034 (9/96)