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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089499 (3)

LAND	ORO CON	IPANY							
Principal Place of Business Mailing Address									-
10422 KIRBY SMITH RD ORLANDO FL 32832				10422 KIRBY SMITH RD ORLANDO FL 32832					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
									10/30/1996
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Eq 20/8470 Applied For
Suite, Apt.	26	Suite, Apt. #, etc.					CO 75 Additional		
22				27					5. Certificate of Status Desired Fee Required
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	25 29 30				Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent							_		10, Name and Address of New Registered Agent
HAWKINS, JAY L 10422 KIRBY SMITH RD ORLANDO FL 32832						81	!	Name	
						82 Street Address (P.O. Box Number is Not Acceptable)			
						83			
						84	7	City	FL 85 Zip Code
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 it 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE								oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
Signature, typed or printed name of registered agent and title if applical. 12. OF FICERS AND DIRECTORS						13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P			DELE		1 TITLE			Change Addition
NAME	SILEN, J. SCOTT				1.2 NAI				
STREET ADDRESS 10422 KIRBY SMITH RD					1	3 STREET	AD	DRESS	
CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·		4 CITY-S	1-7	ZIP	
TATLE						21 TITLE			Change Addition
NAME Street address	40400 MIDDY OMITHERD					22 NAME 23 Street Address		nnetee	
CITY-ST-ZIP	ODLANDO EL COCCO				2. 4 CITY-ST-ZIP				
TITLE				☐ DELE		1 TITLE	<u></u>		Change Addition
NAME	ME				3	3.2 NAME			
STREET ADDRESS	EET ADDRESS			3	3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP		ZIP			
TOLE						4.1 TITLE			☐ Change ☐ Addition
NAME					4. 2 NAME				
STREET ADDRESS	!				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		1		
CITY-ST-ZIP TITLE				☐ DELE		<u>4 CHY-S</u> 1 TITLE	1-2	ZIP	Change Addition
NAME						2 NAME			,
STREET ADDRESS						3 STREET	ADI	ODRESS	
CITY-ST-ZIP						4 CITY-S			

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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5- -- --

Addition

FILED

Mar 24 1998 8:00am

Secretary of State