

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

FILED
Jun 04 1997 8:00am
Secretary of State

DOCUMENT # P96000090047 (7)

1. Corporation Name

OCOOE LAND DEVELOPMENT, INC.



Principal Place of Business

880 STATE ROAD 434 NORTH
ALTAMONTE SPRINGS FL 32714

Mailing Address

880 STATE ROAD 434 NORTH
ALTAMONTE SPRINGS FL 32714-7024

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/01/1996

3a. Date of Last Report

4. FEI Number

59-3419424

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

William J. Goodman

82 Street Address (P.O. Box Number is Not Acceptable)

860 State Road 434 North, Suite 7

83

84 City

Altamonte Springs

85 Zip Code

FL 32714

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

[Signature]
Signature, print or printed name of registered agent and title if applicable

William J. Goodman

4/23/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
GOLD, H. SCOTT
STREET ADDRESS 880 STATE ROAD 434 NORTH
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME S/D
H. Scott Gold
1.3 STREET ADDRESS 860 State Road 434 North, Suite 7
1.4 CITY-ST-ZIP Altamonte Springs, FL 32714

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME P/D
William J. Goodman
2.3 STREET ADDRESS 860 State Road 434 North
2.4 CITY-ST-ZIP Altamonte Springs, FL 32714

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME V/D/T
Jerome D. Feinstein
3.3 STREET ADDRESS 860 State Road 434 North, Suite 7
3.4 CITY-ST-ZIP Altamonte Springs, FL 32714

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME V/D
Norman A. Rossman
4.3 STREET ADDRESS 7829 Greenbriar Pkwy
4.4 CITY-ST-ZIP Orlando, FL 32819

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

[Signature]
William J. Goodman

4/23/97 (407) 788-6555

CR2E034 (9/96)