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**

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90198 013 ***150.00

DOCUMENT # P97000007701

LAND-M/	ART REALTY CORPORATIO	ON								
Principal Place of Business Mailing Address							(10011001 tra 10tti (00tt 00tti		ABIII INNII INNII A	3191 1191 1891
9501 PALM RIVER ROAD TAMPA FL 33619 9501 PALM RIVER ROAD TAMPA FL 33619							DO NOT WRITE IN THIS SPACE			
	,						3. Date Incorporated or Qualife 01/27/1997	d		4. 8. s. T.
2. Principal Pt	ace of Business	2a. Mailing Add	ress				4. FEI Number 59-3424282	•	- 	lied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.				5. Certifcate of Status Desired		\$8.75 A	
City & State)	City & State	!				Election Campaign Financing Trust Fund Contribution	, 0	\$5.00 N Added to	
Zip	Country 25	Zip 29	30	Country			This corporation owes the cu Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New	Registered	Agent	
BARTHOLOMEW, MARIE 9501 PALM RIVER ROAD TAMPA FL 33619				81 82 83	82 Street Address (P.O. Box Number is Not Acceptable) 83					
				84	City			FL	85 Zip C	ode
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such char	ige was autho	orized by	the corpo	corpora oration's	tion submits this statement for the board of directors. I hereby acc	e purpose of	changing its	registered istered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Reg	istered Agen	t signature r	required wh	nen reinstating)	DATE		
12.		IND DIRECTORS		13.			ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	·			1.1 TΠLE					Change	Addition
NAME	BARTHOLOMEW, MARIE			1.2 NAME						
STREET ADDRESS	ESS 9501 PALM RIVER RD 1.3 ST				ADDRESS					
CITY-ST-ZIP	TAMPA FL 33619				r-ZIP					
TITLE	ST		ELETE	2.1 TITLE					Change	☐ Addition
NAME	ME BARTHOLOMEW, BRADFORD L 22 NA									
the state of the s					ADDRESS					
OFT OF TIP	TAMPA EL 33619		1	2 4 CITV. S	T. 7IP ~	.)	_			

6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

other like empowered.

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZiP

SIGNATURE:

officer or director of the corporation Block 12 or Block 13 if changed, if

TITLE

NAME

TITLE

NAME

TITLE

NAME

ΠΙLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

□ DELETE

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4/21/99

Change

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CR2E034 (11/98)

Addition

☐ Addition

Addition

Addition