SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000009755 (4)

LAND ASSURANCE CORPORATION

Principal Place of Business Mailing Address 6278 N. FEDERAL HIGHWAY 6278 N. FEDERAL HIGHWAY #135 #135 FT LAUDERDALE FL \$3308 FT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1997 Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \sqcup 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEGANAHL, CARL 6278 N. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) 82 #135 FT LAUDERDALE FL 33308 83 City Zip Code 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) CRZE034 (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE TITLE DELETE Change Addition DEGANAHL, CARL B NAME 1.2 NAME 6278 N. FEDERAL HIGHWAY #135 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE WOODRUFF, TIMOTHY 2.2 NAME NAME 6278 N. FEDERAL HIGHWAY #135 STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL 33308 2.4 CITY-ST-ZIP CITY-ST-ZIP 3 1 TITLE TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE TITLE Addition 4.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Ftorida 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 or an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP 5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

2/20/06

***150.00

40000263894 -09/14/98--01142--0**01**

L__ Change

Addition

FILED

Sep 14 1998 8:00am

Secretary of State

Tim woodruff Aug 20, 1998 To: Fl Nept of State
Annual Reports Filing Rea Sils & Mesdames: for 150\$ to cover the filing fee for Card Assurance Corp. I was told when I called (850) 488.9000 that the aget was allowing corporations such as mine to pay only the 150# & not the 400\$ extra fine for Riling late. This is Card Assivances first year in business and we made very little money, and the officers reside out of the

not pay on time this year. us to pay the original 150# Reo with much oppreciation, mulmte Tim Woodruff Vice Mus, Land Ass. Corp. 3

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