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

Aug 26 1998 8:00am PROFIT FLORIDA DEPART CORPORATION Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #, P.97000012365 (7) LAND OF LAND MANAGEMENT INC. Principal Place of Business Mailing Address 156 GRANDVIEW AVE 156 GRANDVIEW AVE. NANUET NY 10954 NAMUET NY 10954 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1997 2a. Mailing Address Applied For 2. Principal Place of Business 21 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 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 23 Country Country Zip 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MITTS. TIMOTHY J 7217 E. COLONIAL DR., STE. 212 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32807 84 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 its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am laminarywith, and accept the obligations of Section 607.0505, Florida Statutes. Signature, typed or proted name of registered about and tice if applicable (NOTE: Registered Agent signature required when reinstating) Jane ME POPULO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DILETE Change Addition TITLE 1.1 TITLE 2298 Logan down NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Doms RIVET No OFTSS 14 City-St-ZiP CITY-\$1-ZIF DELETE Change Addition 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CRY-ST-ZW 34. CITY-ST-ZIP DELETE Change \_\_\_ Addition 4.1 THE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHY+ST-ZIP

14. Thereby cartify 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 offect 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.

51 TITLE

52 NAME

G.1 TITLE G.2 NAME

5.3 STREFT ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

SIGNATITE

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CRY-ST-ZIP

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