


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

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90065 016 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000018256**

1. Corporation Name  
**M.Y. LAND SERVICES, INC.**

Principal Place of Business 324 SWEET WATER BEND ROYAL PALM BEACH FL 33411	Mailing Address 324 SWEET WATER BEND ROYAL PALM BEACH FL 33411
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18522 40th Run North Suite, Apt. #, etc. 22 City & State 23 Loxahatchee, FL Zip 24 33470 Country 25 USA	2a. Mailing Address 26 18522 40th Run North Suite, Apt. #, etc. 27 City & State 28 Loxahatchee, FL Zip 29 33470 Country 30 USA
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3. Date Incorporated or Qualified 02/27/1997	4. FEI Number 65-0746918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**GRIFFIN, YVETE C**  
 324 SWEET WATER BEND  
 ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name (same)  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 18522 40th Run North  
 84 City Loxahatchee FL 85 Zip Code 33470

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 *Yvette C. Griffin* DATE **3/20/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, YVETTE C	
STREET ADDRESS	324 SWEET WATER BEND	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, MILES D	
STREET ADDRESS	324 SWEET WATER BEND	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	18522 40th Run North
1.4 CITY-ST-ZIP	Loxahatchee, FL 33470
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	18522 40th Run North
2.4 CITY-ST-ZIP	Loxahatchee, FL 33470
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE: *Yvette C. Griffin* DATE: **3/20/99** DAYTIME PHONE: **561-795-4648**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (11/98)