

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

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000031735 (8)
 1. Corporation Name
YORKTOWNE LAND, INC.



Principal Place of Business: **1720 EL JOBEAN ROAD STE 208 PORT CHARLOTTE FL 33948**
 Mailing Address: **1720 EL JOBEAN ROAD STE 208 PORT CHARLOTTE FL 33948**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1680 El Jobean Road**
 Suite, Apt. #, etc.
 22 **Suite 1**
 City & State
 23 **Port Charlotte, FL**
 Zip Country
 24 **33948** 25 **USA**

2a. Mailing Address
 26 **1680 El Jobean Road**
 Suite, Apt. #, etc.
 27 **Suite 1**
 City & State
 28 **Port Charlotte, Florida**
 Zip Country
 29 **33948** 30 **USA**

3. Date Incorporated or Qualified
04/04/1997

4. FEI Number
65-0754843
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BRANDT, ROYAL
1720 EL JOBEAN ROAD STE 208
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1680 El Jobean Road
 83 **Suite 1**
 84 City **Port Charlotte** 85 Zip Code **FL 33948**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VOS, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOS, JOHN L	1.2 NAME	8830 CORRIDOR ROAD
STREET ADDRESS	PO BOX 1447	1.3 STREET ADDRESS	ANNAPOLIS JUNCTION, MD 20701
CITY-ST-ZIP	ANNAPOLIS MD 21404	1.4 CITY-ST-ZIP	ANNAPOLIS JUNCTION, MD 20701
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	BRANDT, ROYAL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDT, ROYAL	2.2 NAME	1680 El Jobean Road, Suite 1
STREET ADDRESS	1720 EL JOBEAN ROAD STE 208	2.3 STREET ADDRESS	Port Charlotte, Florida 33948
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	2.4 CITY-ST-ZIP	Port Charlotte, Florida 33948
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 registered securities 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 _____ DATE **4-24-98**

CP2E034 (10/97)