

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

FILED

**Jul 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000036800 (5)
 1. Corporation Name
LANDFALL GP, INC.



Principal Place of Business 1632 PENNSYLVANIA AVE., STE. 201 MIAMI BEACH FL 33139	Mailing Address 1632 PENNSYLVANIA AVE., STE. 201 MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	30

3. Date Incorporated or Qualified 04/23/1997	
4. FEI Number 65-0785867	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MOORE, DONALD P
1632 PENNSYLVANIA AVE., STE. 201
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P. O. Box Number is Not Acceptable)	
83	
84 City	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. 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

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	
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	Resident <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Doepel
1.3 STREET ADDRESS	1632 Pennsylvania Ave, Ste 201
1.4 CITY-ST-ZIP	Miami Beach FL 33139
2.1 TITLE	Vice-President, Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barbara Connell
2.3 STREET ADDRESS	1632 Pennsylvania Ave, Ste 201
2.4 CITY-ST-ZIP	Miami Beach FL 33139
3.1 TITLE	Vice-President, Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Douglas Snuder
3.3 STREET ADDRESS	1632 Pennsylvania Ave, Ste 201
3.4 CITY-ST-ZIP	Miami Beach, FL 33139
4.1 TITLE	Vice-President, Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ross Roadman
4.3 STREET ADDRESS	1632 Pennsylvania Ave, Ste 201
4.4 CITY-ST-ZIP	Miami Beach, FL 33139
5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Donald Moore
5.3 STREET ADDRESS	1632 Pennsylvania Ave, Ste 201
5.4 CITY-ST-ZIP	Miami Beach, FL 33139
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 in an attachment with an address.

SIGNATURE _____

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