

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90145 006 ***150.00

0206707

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000036800

1. Corporation Name
LANDFALL GP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1632 PENNSYLVANIA AVE., STE. 201
 MIAMI BEACH FL 33139

Mailing Address
 1632 PENNSYLVANIA AVE., STE. 201
 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
04/23/1997

2. Principal Place of Business
 21 **168 SE 1 ST**

2a. Mailing Address
 26

4. FEI Number
65-0785867

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State
MIAMI, FL

28 City & State

6. Election Campaign Financing **\$5.00** May Be Added to Fees

24 Zip **33131** 25 Country

29 Zip 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, DONALD P
 1632 PENNSYLVANIA AVE., STE. 201
 MIAMI BEACH FL 33139

81 Name **Moore, Donald P.**
 82 Street Address (P.O. Box Number is Not Acceptable)
2901 S. Bayshore Drive.
 83 **Suite 10-A**
 84 City **Miami** FL 85 Zip Code **33133**

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	P	<input type="checkbox"/> DELETE
NAME	DOEPEL, DAVID	
STREET ADDRESS	1632 PENNSYLVANIA AVE., STE. 201	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CONNELL, BARBRA	
STREET ADDRESS	1632 PENNSYLVANIA AVE., STE. 201	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	SNYDER, DOUGLAS	
STREET ADDRESS	1632 PENNSYLVANIA AVE., STE. 201	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ROADMAN, ROS	
STREET ADDRESS	1632 PENNSYLVANIA AVE., STE. 201	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MOORE, DONALD	
STREET ADDRESS	1632 PENNSYLVANIA AVE., STE. 201	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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: Donald P. Moore, V.P. **29 April 1999 305 6049 200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (11/98)