SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000038038**

LAND POULTRY, INC.

FILED Aug 24, 1999 8:00 am Secretary of State

08-24-1999 90004 044 ***550.00



Principal Place o	f Rusiness	Mailing Address							
2007 GRACE FLOOD ORLANDO FL 22010 38545. OR AUGE AWL ORLANDO, 74 32806		7307 GRACE ROAD ORLANDO FL 32819				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
2. Principal Place		2a. Mailing Address				04/23/1997 4. FEI Number 59-3457414		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	, ,		
Zip 24	Country 25	Zip 29	- -			8. This corporation owes the current year Intangible Personal Property. Yes No			
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registe	ered Agent		
				81	Name				
1332 W	I, HEATH B I COLONIAL DRIVE		82	Street Add	ess (P.O. Box Number is Not Acceptable)				
ORLANI	DO FL 32854			83					
				84	City		FL 85	Zip Code	
office or red	the provisions of sections 607.0 istered agent, or both, in the St familiar with, and accept the other sections.	tate of Florida. Such char	nge was author	ized by	the corpora	oration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing i appointment a	its registered as registered	
SIGNATURE	nature, typed or printed name of registered	agent and title if applicable	(NOTE: Re	gistered Ad	ent signature re	quired when reinstating)	ATE		
12.		AND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.	***************************************	ADDITIONS/CHANGES TO OFFICER	S AND DIRE	CTORS IN 12	
				1 TITLE	Change Addition				

SIGNATURE .		NOTE: Registered Agent signature required when reinstating) DATE
	organization, types or participation and the same of t	
12.	OFFICERS AND DIRECTORS	
TITLE	DELETÉ	1.1 TITLE Change Addition
NAME	LAND, JACK	1.2 NAME
STREET ADDRESS	C/O 7307 GRACE ROAD	1.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP
TITLE	D DELETE	2.1 TITLE Change Addition
NAME	DRAGONETTI, DAN	2.2 NAME
STREET ADDRESS	C/O 7307 GRACE-ROAD	2.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP
TITLE	DELETE	3.1 TITLE Change Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
C!TY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	DELETE	4.1 TITLE Change Addition
NAME		4.2 NAME
STREET ADDRESS	•	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	DELETE	5.1 TITLE Change Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	DELETE	6.1 TITLE Change Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP	the second secon	6.4 CITY-ST-ZIP

I nereby 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 truster ampowered 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 attagment with an address.

SIGNATURE:

407-363-7957