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FILED  
Apr 27 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 # P97000048300 (2)

1. Corporation Name  
LAND PASSAGES, INC.

Principal Place of Business  
2000 GA BLVD.  
SUITE 2204  
NORTH PALM BEACH FL 33408

Mailing Address  
2000 GA BLVD.  
SUITE 2204  
NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/02/1997

4. FEI Number  
65-0771991

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

2. Principal Place of Business  
21 2000 PGA Blvd.

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

26. Mailing Address  
26 2000 PGA Blvd.

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K ESQ.  
631 U.S. HIGHWAY ONE  
SUITE 408  
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FREDERICKSON, IVAN C JR  
2000 PGA BLVD., SUITE 2204  
N PALM BEACH FL 33408

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MEADLOCK, JAMES W  
2000 PGA BLVD., SUITE 2204  
N PALM BEACH FL 33408

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MERRIMAN, JOE J  
2000 PGA BLVD., SUITE 2204  
N PALM BEACH FL 33408

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BURCKART, WILLIAM  
2000 PGA BLVD. SUITE 2204  
N PALM BEACH FL 33408

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

*[Signature]*

4/19/98

561-627-7720

CR2E034 (10/97)