Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90056 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000051791

1. Corporation Name

S & R LAND CO., INC.

| | , . | | | | | | | (8) 8 1 1 8 1 188 |
|--|---|--|----------------|--------------------------------|--|--|---------------------|---|
| Principal Place | of Business | Mailing Address | | | T (| Tett ##rri @#rfe: | #((#) ((#)) (##)# (| ididi tias saas |
| 308 COCONUT AVE 308 COCONUT AVE | | | | | | | | |
| SARASOTA FL | | SARASOTA FL 34236 | | | DO NOT INDITE IN THE ODIOS | | | |
| U\$ U\$ | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed | | | Ť |
| | | | | | 06/11/1997 | | 114 | 11.15. |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | | | plied For | |
| 21 | | 26 | | 65-0763228 | | | t Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | \$8.75 A | |
| 22 | | 27 | | | | | | |
| City & State | | City & State | | 6. Election Campaign Financing | | \$5.00 | - 1 | |
| 23 | | 28 | | Trust Fund Contribution | | Added to | o Fees | |
| Zip Country | | | Zip Country | | 8. This corporation owes the current year Intangible Personal Property Tax Yes \(\sum No | | | |
| 24 | 25 29 30 | | | | Personal Property Tax. | | / | □No |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New | Registered | Agent | |
| OHADIDO LA DAMID | | | 81 | Name | | * | | |
| | PIRO, M. DAVID | | 82 Street Addr | | ress (P.O. Box Number is Not Accept | able) | | |
| 308 COCONUT AVE SARASOTA FL 34236 | | | | | | | | |
| SAR | | 83 | | | | | 1 | |
| | | | 84 | City | | | 85 Zip C | ode. |
| | • | | D-4 | City | | FL | _ 05 = 5 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 11. Pursuant | to the provisions of Sections 607.05 | i02 and 607.1508, Florida Statutes, | the abov | e-named corp | poration submits this statement for the | purpose of | changing its | registered |
| office or re | egistered agent, or both, in the State | e of Florida. Such change was autho gations of, Section 607.0505, Florida | orized DV | tne corporati | ion's board of directors. I hereby acce | pt the appoi | ntment as reg | jistered |
| agent. i ai | m ramiliar with, and accept the oblig | Jations of, Section 607.0505, Florida | Statutes | , | | | | |
| SIGNATURE | Signature, typed or printed name of registered ag | nent and title if applicable. (NOTE: Re | gistered Age | nt signature require | ed when reinstating) | DATE | | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OF | FICERS AN | ID DIRECTO | RS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | | ☐ Change | Addition |
| NAME | ROSEN, MARTIN A | | 1.2 NAME | | , | | | ļ |
| | 308 COCONUT AVE | | ļ. | T ADDRESS | | | | |
| STREET ADDRESS | SARASOTA FL 34236 | į | 1.4 CITY-S | | | | • | |
| CITY-ST-ZIP | 0 | DELETE | 2.1 TITLE | 71-ZIF | | | () Change | Addition |
| TITLE | - | | 2.2 NAME | | | | | |
| NAME | SHAPIRO, M. DAVID | | | * 4000000 | | | | ĺ |
| STREET ADDRESS | | | | T ADDRESS | | | | - 1 |
| CITY-ST-ZIP | SARASOTA FL 34236 | — □ DELETE | 2. 4 CITY- | ST-ZIP | | | Change | Addition |
| TITLE | | C DELETE | 3.1 TITLE | | · | • | | |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | | TADDRESS | | | | - 1 |
| CITY-ST-ZIP | | | | ST-ZIP | | | Change | Addition . |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | Change | ☐ ₩0010001 |
| NAME | 4.2 | | 4. 2 NAME | | | | | |
| STREET ADDRESS | RESS . 433 | | 4.3 STREE | T ADDRESS | | | | - |
| CITY+ST-ZIP | | | 4.4 CITY-S | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TTTLE | | • | | Change | _ Addition |
| NAME | | | 5.2 NAME | - | | | | |
| STREET ADDRESS | | | 5.3 STREE | TADORESS | | | | Ì |
| CITY-ST-ZIP | | | 5.4 OffY-S | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | - | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | | |
| | | | | | | | | |

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 ordan attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP