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

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 30 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000057699

1. Corporation Name
FLORIDA LAND AGENCY, INC.

Principal Place of Business	Mailing Address
44 Victoria Street The Victoria Tower Suite 1614 Toronto, Ontario Canada M5C 1Y2	44 Victoria Street The Victoria Tower Suite 1614 Toronto, Ontario Canada M5C 1Y2
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/27/97
4. FEI Number: 59-3454749 ☐ 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

9. Name and Address of Current Registered Agent

JAMES M. DOWD
200 S. Orange Avenue
Suite 3000, SunTrust Center
Orlando, FL 32801

10. Name and Address of New Registered Agent

81 Name: David Craighead
82 Street Address (P.O. Box Number is Not Acceptable): 9000 Glen Lakes Boulevard
83
84 City: Brooksville FL 85 Zip Code: 34613

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] (NOTE: Registered Agent signature required when reinstating) 4/28/98 DATE

12. OFFICERS AND DIRECTORS

TITLE	P/S/T/D	☒ DELETE
NAME	DOWD, JAMES M.	
STREET ADDRESS	200 S. Orange Avenue, Suite 3000	
CITY-ST-ZIP	Orlando, Florida 32801	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/T	☒ Change ☐ Addition
1.2 NAME	ALLAN, RUSSELL W.	
1.3 STREET ADDRESS	44 Victoria St., Suite 1614	
1.4 CITY-ST-ZIP	Toronto, Ontario, Canada M5C 1Y2	
2.1 TITLE	D/V/S	☐ Change ☒ Addition
2.2 NAME	ALLAN, WILLIAM D.	
2.3 STREET ADDRESS	44 Victoria St., Suite 1614	
2.4 CITY-ST-ZIP	Toronto, Ontario, Canada M5C 1Y2	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	200002511492--5	
3.4 CITY-ST-ZIP	-05/05/98--01114--007	
4.1 TITLE	****150.00 ****150.00	☐ 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	4/30/98	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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] William D. Allan, VP 4/28/98 (416) 594-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #