FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90117 026 \*\*\*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 # P97000057699

FLORIDA	LAND AGENCY, INC.				
Delevient Olea	o of Business	Mailing Address			
Principal Place of Business  44 VICTORIA STREET THE VICTORIA TOWER, SUITE 1614 TORONTO ONT. CANADA M5C 1Y2		-44 VIOTORIA STREET		DO NOT WRITE IN THIS SPACE	
TORONTO ONI	. ONIMADA MISO 112	- ON ON ON ON ON ON		3. Date Incorporated or Qualifed 06/27/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Appli	ied For
21		26 P.	s.Box 288	/ 59-3454749 Not A	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Add Fee Required	
City & Stat	е	City & State Pet	ersbirg, FL	6. Election Campaign Financing St.00 M Trust Fund Contribution Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	<b>.</b>
24	25	29 33701	30 037		]No
81 Name					
- CRAIGHEAD, DAVID				1. TIMOTHY FARRELL	
- 8000 GLEN LAKES BLVD				Iress (P.O. Box Number is Not Acceptable) E 600, 100 -2 4 4 と 50・	
BROOKSVILLE FL 34613					
			84 City	Petersburg FL 85 Zip Co	de 74.1
to di con accordinate di con accordinate di con accordinate della consistenza di					
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 clarifying its registered of office or registered agent, or both, fif 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 obligation of Section 607.0505, Florida Statutes.					
SIGNATURE	2 mg	in /km	ef , CT	3/7/79	
	Signature typed or printed name of registered agent		TE: Registèred Agent Signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12
12.	OFFICERS AND	DELETE	13. 1,1 πτιΕ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Addition
NAME	ALLAN, RUSSELL W		1.2 NAME	_ •	
STREET ADDRESS	44 VICTORIA ST., SUITE 1614		1.3 STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5C -1Y2		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE	Change	☐ Addition
NAME	ALLAN, WILLIAM D		2.2 NAME		
STREET ADDRESS	44 VICTORIA ST., SUITE 1614		2.3 STREET ADDRESS	_	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change	☐ Addition
NAME	<u></u>		3.2 NAME		<del></del>
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Clasific	3.4. CITY-ST-ZIP	Change	Addition
TITLE	~	☐ DELETE	4.1 TITLE	Change	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change	Addition
TITLE		- Official	5.2 NAME		
NAME STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY+ST-ZIP		:
TITLE		☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME			6.2 NAME		ľ
	1		6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE: