

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**2000**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90020 050 \*\*\*150.00

**DOCUMENT # P97000057699**

1. Corporation Name  
**FLORIDA LAND AGENCY, INC.**

Principal Place of Business  
**44 VICTORIA STREET  
THE VICTORIA TOWER, SUITE 1614  
TORONTO ONT. CANADA M5C 1Y2**

Mailing Address  
~~44 VICTORIA STREET~~  
~~THE VICTORIA TOWER, SUITE 1614~~  
~~TORONTO ONT. CANADA M5C 1Y2~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/27/1997**

2. Principal Place of Business

2a. Mailing Address

21

26

**P.O. Box 2881**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

**ST. Petersburg, FL**

Zip

Country

Zip

Country

24

25

29

**33701**

30

**USA**

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

**M. TIMOTHY FARRELL**

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

**SUITE 600, 100 - 2nd Ave. So.**

83

84 City

**ST. Petersburg**

**FL**

85 Zip Code

**33701**

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 bbe, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DPT**  
STREET ADDRESS **ALLAN, RUSSELL W**  
CITY-ST-ZIP **44 VICTORIA ST., SUITE 1614  
TORONTO, ONTARIO CANADA M5C -1Y2**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DVS**  
STREET ADDRESS **ALLAN, WILLIAM D**  
CITY-ST-ZIP **44 VICTORIA ST., SUITE 1614  
TORONTO, ONTARIO CANADA M5C -1Y2**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

**Wm. D. Allen**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #