

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

FILED

Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000060734 (5)

1. Corporation Name

MUTUAL LAND DEVELOPMENT CO.

Principal Place of Business

Mailing Address

11300 U.S. Highway One  
Suite 203  
No. Palm Beach, FL 33408

11300 U.S. Highway One  
Suite 203  
No. Palm Beach, FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11300 U.S. Highway One Suite, Apt. #, etc. 22 Suite 203 City & State 23 No. Palm Beach, FL Zip 24 33408 Country 25 USA	2a. Mailing Address 26 11300 U.S. Highway One Suite, Apt. #, etc. 27 Suite 203 City & State 28 No. Palm Beach, FL Zip 29 33408 Country 30 USA	3. Date Incorporated or Qualified 07/14/1997 4. FEI Number 65-0773352 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FHS CORPORATE SERVICES, INC.  
11780 US HIGHWAY ONE SUITE 300  
NORTH PALM BEACH FL 33408

81 Name  
H. Max Fricker  
82 Street Address (P.O. Box Number is Not Acceptable)  
11300 US Highway One, Suite 203  
83  
84 City  
North Palm Beach FL 85 Zip Code  
33408-3208

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 reinstating)

DATE

4-2-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D/P NAME STREET ADDRESS CITY-ST-ZIP	H. Max Fricker 11300 U.S. Highway One Suite 203 No. Palm Beach, FL 33408 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D/V NAME STREET ADDRESS CITY-ST-ZIP	Ingrid Sedlak 11300 U.S. Highway One Suite 203 No. Palm Beach, FL 33408 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D/T NAME STREET ADDRESS CITY-ST-ZIP	Wilhelm Sedlak 11300 U.S. Highway One Suite 203 No. Palm Beach, FL 33408 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-98 / 561/625-1005

CR2E034 (10/97)