


FILED
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Secretary of State

09-03-1999 90008 008 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000033354 1. Corporation Name DLM LAND CORP.					
Principal Place of Business 270 ADELAIDE STREET DEBARY FL 32713			Mailing Address 270 ADELAIDE STREET DEBARY FL 32713		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			3. Date Incorporated or Qualified 04/10/1998 4. FEI Number 59-3511068 5. Certificate of Status Desired <input 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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 25 26 27 28 29 30			8. Name and Address of Current Registered Agent BAUER, KIRK T 223 S. WOODLAND BOULEVARD DELAND FL 32720		
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			10. Name and Address of New Registered Agent		
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 <i>Richard R. Dwyer</i> DATE <i>8/10/99</i> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Richard R. Dwyer 1.3 STREET ADDRESS 270 Adelaide Street 1.4 CITY-ST-ZIP DeBary, FL 32713 2.1 TITLE Secretary/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Thomas Mosco 2.3 STREET ADDRESS 69 Spring Lake Road 2.4 CITY-ST-ZIP DeBary, FL 32713 3.1 TITLE Vice-President <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Michael Lonk 3.3 STREET ADDRESS 225 Cedarwood Court 3.4 CITY-ST-ZIP DeBary, FL 32713 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <i>Richard R. Dwyer</i> DATE: <i>8/10/99</i> (407) 668-7778 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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