1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000058076

LAND/LONARDO, INC.

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Principal Place of Business/

1020-A GREENPINE BOULEVARD WEST PALM BEACH FL 33409 Mailing Address

1020-A GREENPINE BOULEVARD WEST PALM BEACH FL 33409

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90196 028 ***150.00



			DO NOT WRITE IN THIS SPACE	
			3. Date incorporated or Qualifed	
			06/29/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
27/13857- Wellington Trace	26		65-0848883	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip	Country 30	 This corporation owes the current year I Personal Property Tax. 	ntangible ☐ Yes ☑ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
LAND CHARLES		81 Name		
LAND, CHARLES 1020-A GREENPINE BOULEVARD		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
West Palm Beach, FL 33409	e, commence	83		

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.

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. □ DELETE ☐ Change TITLE 1.1 TITLE LAND, CHARLES 1.2 NAME NAME 1020-A GREENPINE BOULEVARD 1.3 STREET ADORESS STREET ADDRESS WEST PALM BEACH FL 33409 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 2.1 TITLE Change ☐ Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition □ DELETE ☐ Change 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE Change Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

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:

CRICKI FLUX DEQUIRED

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

561 790 0800

Daytime Phone #

CR2E034 (11/98)

Zip Code

85