

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90062 012 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000066652

1. Corporation Name

CITY LAND INVESTMENTS, INC.

Principal Place of Business

8345 N CORAL CIRCLE  
NO LAUDERDALE FL 33068

Mailing Address

8345 N CORAL CIRCLE  
NO LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1998

4. FEI Number

261-75-8033

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
 Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible  
Personal Property Tax.
☐ Yes ☐ No

2. Principal Place of Business

21 907 N. Fed Hwy

Suite, Apt. #, etc.

2a. Mailing Address

26 907 N. Fed Hwy

Suite, Apt. #, etc.

City &amp; State

23 BAYTON BEACH

Zip

24 33435

Country

25 U.S.A.

City &amp; State

28 BAYTON BEACH

Zip

29 33435

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

 BERMAN, PHILIP M  
 2424 NE 22 STREET  
 POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name MATTHEW GIACOMINO

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

298 N.W. 6th

83

84 City BOCA RATON

FL

85 Zip 33432

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 date if applicable

MATTHEW GIACOMINO

4-15-99

DATE

12. OFFICERS AND DIRECTORS

 TITLE PSTD  
 NAME GIACOMINO, MATTHEW  
 STREET ADDRESS 8345 N CORAL CIRCLE  
 CITY-ST-ZIP NO LAUDERDALE FL 33068

☐ DELETE

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE

 TITLE  
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 CITY-ST-ZIP

☐ DELETE

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS 298 N.W. 6th  
 1.4 CITY-ST-ZIP BOCA RATON, FL 33432

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

 6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

☐ Change ☐ 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, with a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 MATTHEW GIACOMINO  
 President

Date

Daytime Phone #

369-5930

CR2E034 (11/98)