

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S39521** (7)
1. Corporation Name
BDC LAND COMPANY



Principal Place of Business: **401 W COLONIAL DR 7 ORLANDO FL 32804 US**
Mailing Address: **401 W. COLONIAL DR. 7 ORLANDO FL 32804 US**

3. Date Incorporated or Qualified: **03/21/1991**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **59-3068344**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**ALLEN, THOMAS R.
340 N. ORANGE AVE
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST	1. 1 TITLE
NAME	MACARTHUR, WILLIAM H	1. 2 NAME
STREET ADDRESS	401 W. COLONIAL DR. STE. 7	1. 3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	1. 4 CITY-ST-ZIP
TITLE	V	2. 1 TITLE
NAME	ANDERSON, FRANK N. J	2. 2 NAME
STREET ADDRESS	425 W. COLONIAL DR. STE. 301	2. 3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	2. 4 CITY-ST-ZIP
TITLE	AS	3. 1 TITLE
NAME	CRENSHAW, JAMES LK.	3. 2 NAME
STREET ADDRESS	401 W. COLONIAL DR. STE. 7	3. 3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	3. 4 CITY-ST-ZIP
TITLE		4. 1 TITLE
NAME		4. 2 NAME
STREET ADDRESS		4. 3 STREET ADDRESS
CITY-ST-ZIP		4. 4 CITY-ST-ZIP
TITLE		5. 1 TITLE
NAME		5. 2 NAME
STREET ADDRESS		5. 3 STREET ADDRESS
CITY-ST-ZIP		5. 4 CITY-ST-ZIP
TITLE		6. 1 TITLE
NAME		6. 2 NAME
STREET ADDRESS		6. 3 STREET ADDRESS
CITY-ST-ZIP		6. 4 CITY-ST-ZIP

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	<input checked="" type="checkbox"/> DELETE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	ELIZABETH CONANT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	401 W. COLONIAL DR, SUITE 7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	ORLANDO, FL 32804	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elizabeth S. Conant* ELIZABETH S. CONANT 4/22/96 (407) 425-8276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)