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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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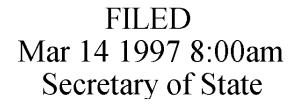
JI ALION I TVALLE		
ALITY LAND	MANAGEMENT.	INC.

Mailing Address

P O BOX 157

Principal Place of Business

P O BOX 157





LITHIA FL 335	i47	LITHIA FL 33547-0157					
					3. Date Incorporated or Qualified 03/20/1991	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-3048500	Applied F	
Sulte, Apt.	#, etc.	Suile, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	nal
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May B	 Зе
Zip 24	Country 25	Zip 29	Count	ry	8. This corporation has liability for it		
	9. Name and Address of Curre		1001		10. Name and Address of New Reg		
HIC	ks, leslie i		8	1 Name			
374	0 Porter RD HA FL 33547		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	(c)	
Litt	TIM FL 33347		8	3			
			8	4 City		FL 85 Zip Code	
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statu of Florida, Such change was	tes, the abo authorized t	. I ve-named co ov the corpor	rporation submits this statement for the pa ation's board of directors. I hereby accep	urpose of changing its regist	stered
SIGNATURE	тға а тшағ w ііл, апо ассері іле қолд	alions of, Section 607.0505, FI	orida Statuti	es.		The appearance is a segment	
	Signature typed or printed name of registered ag-		It - Flegistered A	gent signature req	uired whon reinstaling)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE NAME	D HICKS, LESLIE (DELETE	1.1 TITLE			Change A	ddilion
STREET ADDRESS	3740 PORTER RD		1.2 NAME	3 - 55-11-00			
CITY-ST-ZIP	LITHIA FL			1 ADDRESS]
TITLE	GITIES CE	DELETE	2.1 TITUE	21-41,		Change A	ddition
NAME			2.2 NAME			□ Ollarige □ A	doition
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			2. 4 C/TY				
TITLE		DELETE	3.1 1016			Change A	ddition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4 CITY	- \$1 - 7IP			
TITLE		☐ DELETE	4.170116			Change Ac	ddilion
NAME			4.2 NAM				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		T crusic	4.4 CITY-	S1-ZIP			
TITLE		Dottert 🗀	5.1 TITLE			Change Ac	ddition
NAME			5.2 NAME	-			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		Dilett	5.4 CITY -	S1 - ZIP			
TITLE		☐ DELETE	6111111			Change 🖺 Ac	dition
NAME CZOSEZ ADDREGO			-6.2 NAME		en e		
STREET ADDRESS				T ADDRESS	••	•	
CITY-ST-ZIP		· / =	6.4 CITY -	\$1-7IP			

14. I do 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 suppliemental armual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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