

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # **S42908** (1)

1. Corporation Name
LAND AND SEA BUSINESS CORP., INC.



Principal Place of Business: **3047 NW 28TH ST. FT. LAUDERDALE FL 33311 US**
Mailing Address: **3047 NW 28TH ST. FT. LAUDERDALE FL 33311 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1991		3a. Date of Last Report 05/01/1995	
21. State, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0257946		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MANTILLA, ARNOLD R. 3020 NORTHEAST 46TH STREET CORAL RIDGE FL 33308				10. Name and Address of New Registered Agent			
81. Name				Allen James K			
82. Street Address (P.O. Box Number is Not Acceptable)				9508 NW 38th ST			
83. City				CORAL SPRINGS FL			
84. Zip Code				33065			

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: *James K. Allen* (NOTE: Registered Agent signature required when reappointing) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTILLA, ARNOLD R.	1.2 NAME	
STREET ADDRESS	3020 N.E. 46TH STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL RIDGE FL	1.4 CITY-STATE-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, ANDREW	2.2 NAME	
STREET ADDRESS	2100 S OCEAN LANE #2404	2.3 STREET ADDRESS	
CITY-STATE-ZIP	FORT LAUDERDALE FL	2.4 CITY-STATE-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JAMES K.	3.2 NAME	
STREET ADDRESS	9508 N.W. 38TH ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	3.4 CITY-STATE-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	D, TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JOHN B.	4.2 NAME	JOHN B. ALLEN
STREET ADDRESS	2000 NE 17TH CT.	4.3 STREET ADDRESS	4450 N.W. 30 ST BLDG #1 APT #118
CITY-STATE-ZIP	FT. LAUDERDALE FL	4.4 CITY-STATE-ZIP	COCONUT CREEK FLA 33066
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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: *James K. Allen* DATE: **1/12/96** 954 731 1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Daytime Phone #

CR2E034 (12/95)