

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT #** S42908  
1. Corporation Name  
**LAND AND SEA BUSINESS CORP., INC.**

Principal Place of Business <b>4450 NW 30th Street Bldg 1 Apt 118 Coconut Creek, FL 33066</b>	Mailing Address <b>4450 NW 30th Street Bldg 1 Apt 118 Coconut Creek, FL 33066</b>
--	--

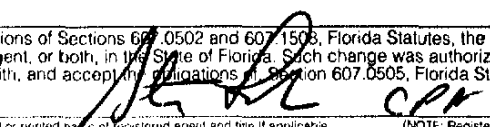
2. Principal Place of Business 21 <b>4450 NW 30th Street</b> Suite, Apt. #, etc. 22 <b>Bldg 1 Apt 118</b> City & State 23 <b>Coconut Creek, FL</b> Zip 24 <b>33066</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>4450 NW 30th Street</b> Suite, Apt. #, etc. 27 <b>Bldg 1 Apt 118</b> City & State 28 <b>Coconut Creek, FL</b> Zip 29 <b>33066</b> Country 30 <b>USA</b>
--	---

3. Date Incorporated or Qualified <b>04/03/91</b>	3a. Date of Last Report <b>January 1996</b>
4. FEI Number <b>65-0257946</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**James K Allen  
9508 NW 38th Street  
Coral Springs, FL 33065**

10. Name and Address of New Registered Agent  
81 Name **Steven P. Fischer, CPA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**300 S Pine Island Road**  
83 **Suite 110**  
84 City **Plantation** FL 85 Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 qualifications of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **3/17/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

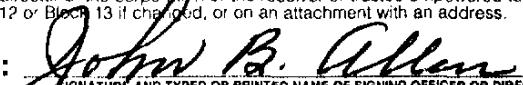
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	Mantilia, Arnold R.	
STREET ADDRESS	3020 NE 46th Street	
CITY - ST - ZIP	Coral Ridge, FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	Shapiro, Andrew	
STREET ADDRESS	2100 S Ocean Lane #2404	
CITY - ST - ZIP	Fort Lauderdale, FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	Allen, James K.	
STREET ADDRESS	9508 NW 38th Street	
CITY - ST - ZIP	Coral Springs, FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	Allen, John B.	
STREET ADDRESS	2000 NE 17th Ct.	
CITY - ST - ZIP	Ft Lauderdale, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

**600002152236**  
**-04/23/97--01083--011**  
**\*\*\*165.00**

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 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:  DATE **MAR. 17 1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)