

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

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S70768 (4)

1. Corporation Name  
LAND FINANCE INVESTMENT CO., INC.



Principal Place of Business 18551 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33903	Mailing Address 18551 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33903-7301
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1991		3a. Date of Last Report 01/26/1996	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State	27 Zip	28 Country
4. FEI Number 65-0305103				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent WAGLE, HAROLD H. 18551 N. TAMiami TRAIL NORTH FORT MYERS FL 33903				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				FL			

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAVOS, PETER J. JR.	1.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH FT. MYERS FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PDST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAVOS, PAUL C.	2.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH FT. MYERS FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAVOS, MARK D.	3.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH FT. MYERS FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAVOS, ALICE	4.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH FT. MYERS FL	4.4 CITY - ST - ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGLE, HAROLD H.	5.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	5.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH FT. MYERS FL	5.4 CITY - ST - 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 - ST - ZIP		6.4 CITY - ST - ZIP	

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: *[Signature]* REQUIRED 4/28/97 941-731-2708  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)