

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 24 PH 1:00

DOCUMENT # **S83578** (2)

1. Corporation Name
AC LAND CORP.

Principal Place of Business Mailing Address
PO BOX 4329 **120 JUNGLE RD**
SOUTHAMPTON NY 11809-1329 **PALM BCH FL 33480**
120 JUNGLE RD **US**
PALM BEACH FLA 33480

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/30/1991** 3a. Date of Last Report **05/26/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **13-3436080** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **ANDERSON, THOMAS**
STREET ADDRESS **31 ROEBLING RD**
CITY - ST - ZIP **BERNARDSVILLE NY**

1.1 TITLE **P** Change Addition
1.2 NAME **ANDERSON, THOMAS**
1.3 STREET ADDRESS **31 ROEBLING RD.**
1.4 CITY - ST - ZIP **BERNARDSVILLE NJ 07924**

TITLE **VP**
NAME **COLEMAN, DENIS**
STREET ADDRESS **120 JUNGLE RD**
CITY - ST - ZIP **PALM BCH FL**

2.1 TITLE **VP** Change Addition
2.2 NAME **COLEMAN JR, DENIS P**
2.3 STREET ADDRESS **120 JUNGLE RD.**
2.4 CITY - ST - ZIP **PALM BEACH, FLA 33480**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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 incorporator thereof, or an authorized agent 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

DATE

Daytime Phone #

May 17, 1995