Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90005 007 \*\*\*150.00

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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V05414

1. Corpora ion Name

FLORIDA LAND & VILLAS, INC.

Principal Place	of Business	Mailing /	Address											
412 JEFFERSON	AVE.		412 JEFFERSON AVE.											
LEHIGH FL 3393	<b>36</b>		LEHIGH FL 33936					DO NOT WRITE IN THIS SPACE						
US		05	US					3. Date Ir corporated or Qualifed						
									8/1992					-
2. Principal Pl	ace of Business	2a. Maili	ng Address					4. FEI N	mber	-			App	lied For
21		26	-					65-00	3 <b>19235</b>				Not	Applicable
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.					S Certifo	ate of Status	Desired				Iditional
22		27					`	o, Cermo		Desired		Fee	e Rec	uired
City & S ate	)	City	City & State				•		ר Campaign	-		,		1ay Be
23		28	ļ						Fund Contribu			. — —	led to	Fees
Zip	Country	Zip		Cou	ntry		1		crporation ow		ent year			7100
24	25	25 29 30 D. Name and Address of Current Registered Agent			Personal Property				- <del> </del>	ty Tax.				-1140
	9. Name and Address	of Current Registered	Agent		81	Name		u. Name	and Addres	5 UI NEW F	register	eu Ageiit		
70E	HR, CLAIRE				0,	Name								
	JEFFERSON AVE.				82	Street	Acdress	(P.O. Bo	x Number is N	lot Accepta	able)			
	GH FL 33936				83								—	
22, 11	C4 : - E GGGGG				0.0									
					84	City					F	85	Zip C	ode
44 Duraugat	to the provisions of Section	s 607 0502 and 607 15	08 Florida Statu	es the al	DOVE	-named	1 corporati	ion subm	its this statem	ent for the	nuroose	of changin	q its r	egistered
office or re	egistered agent or both in	the State of Florida. Su	ch change was a	iutnorizea	DY	tne corp	ooration's	board of	cirectors. I he	reby accer	pt the ap	pointment a	s reg	stered
agent. a	m familiar with, and accept	the obligations of, Secti	on 607.0505, Fk	orida Stati	ites.	•								
SIGNATURE	Signature, typed or printed na ne of r	and a set of title it and to	nde (NOT	- Pagetorad	Agon	t cionaturo	required whe	n reinstating	·		DATE			
12.		CERS AND DIRECTOR		13.	rigon	t signature	104		ONS/CHANG	ES TO OF	FICERS	AND DIRE	CTOF	S IN 12
TITLE	PDS	DINEO 101	☐ DELETE	1.1 TI	n.E		T					Cha		Addition
NAME	MANFRED, ZOEHR			1.2 NA	ME									l
STREET ADDRESS	412 JEFFERSON AVE.			1.3 \$7	REET	ADDRESS	;							
CITY-ST-ZIP	LEHIGH FL			1.4 CF	TY-S1	r-zip								
TITLE			□ DELETE	2.1 Til			T					☐ Cha	nge	Addition
NAME				2.2 N	ME									
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STREET ADDRE 3S				4.3 ST	REET	ADDRESS	6							
CITY-ST-ZIP				4 4 CF		T-ZIP	<del> </del>							
TITLE			□ DELETE	5.1 TI			1					☐ Cha	nge	Addition
NAME				5.2 N/										
STREET ADDRE IS						FADDRESS	3							
CITY-ST-ZIP				5.4 CI		T-ZIP	$\perp$							
TITLE	_		□ DELETE	6.1 Tr	TLE		1					Cha	.nge	☐ Addition

CITY-ST-ZIP 14. 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 or derivation of the corporation or the receiver or trustee empowered to execute this report as recuired 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

MANFRED ZOEHR