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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 2:35

DOCUMENT # V18741 (1)

1. Corporation Name

LAND DEVELOPMENT RESEARCH GROUP, INC.

Principal Place of Business

5746 NW 39 AVE
BOCA RATON FL 33496
US

Mailing Address

POST OFFICE BOX 810304
BOCA RATON FL 33481

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/03/1992

3a. Date of Last Report

03/15/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL
5746 NORTHWEST 39TH AVENUE
BOCA RATON FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

SCHNEIDER, MICHAEL

STREET ADDRESS

5746 NW 39 AVE NW.

CITY- ST- ZIP

BOCA RATON FL

33496

TITLE

T

NAME

SCHNEIDER, MICHAEL

STREET ADDRESS

5746 NW 39 AVE NW.

CITY- ST- ZIP

BOCA RATON FL

33496

TITLE

S

NAME

SCHNEIDER, MICHAEL

STREET ADDRESS

5746 NW 39 AVE N.W.

CITY- ST- ZIP

BOCA RATON FL

33496

TITLE

C

NAME

SCHNEIDER, MICHAEL

STREET ADDRESS

5746 NW 39 AVE N.W.

CITY- ST- ZIP

BOCA RATON FL

33496

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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)(b), 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 liquidator; and that I am authorized 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 affidavit.

SIGNATURE:

Michael Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.21. 95 401.281.1222