FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible].00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mac[illegible]
Secretary of S[illegible]
DIVISION OF CORPORATIONS

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 810904
BOCA RATON FL 33481

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 24 33496-2716 Country 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 29 Country 30

3. Date Incorporated or Qualified: **03/03/1992**

3a. Date of Last Report: **02/07/1995**

4. FEI Number: **65-0318714** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL
5746 NORTHWEST 39TH AVENUE
BOCA RATON FL

10. Name and Address of New Registered Agent

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 Section 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 [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SCHNEIDER, MICHAEL	
STREET ADDRESS	5746 HW 39 AVE	
CITY, ST, ZIP	BOCA RATON FL	
TITLE	T	☐ DELETE
NAME	SCHNEIDER, MICHAEL	
STREET ADDRESS	5746 NW 39 AVE.	
CITY, ST, ZIP	BOCA RATON FL	
TITLE	S	☐ DELETE
NAME	SCHNEIDER, MICHAEL	
STREET ADDRESS	5746 NW 39 AVE.	
CITY, ST, ZIP	BOCA RATON FL	
TITLE	C	☐ DELETE
NAME	SHCNEIDER, MICHAEL	
STREET ADDRESS	5746 NW 39 AVE.	
CITY, ST, ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☑ Change ☑ Addition
1 NAME		
1 STREET ADDRESS	5746 NW 39 AVE	
1 CITY, ST, ZIP	33496-2716	
2 TITLE		☐ Change ☑ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY, ST, ZIP	33496-2716	
3 TITLE		☐ Change ☑ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY, ST, ZIP	33496-2716	
4 TITLE		☐ Change ☑ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY, ST, ZIP	33496-2716	
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY, ST, ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY, ST, ZIP		

CR2E034 (12/95)

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 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 in addition thereto with an address.

SIGNATURE: MICHAEL P. SCHNEIDER 2.23.96 407.241.6122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #