

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V58355 (1)
1. Corporation Name
LAMBTON LANDS LIMITED, INC.



Principal Place of Business Mailing Address
~~1501 FOX HILL PLACE~~
~~VALRICO FL 33594~~
US
~~P.O. BOX 786~~
~~VALRICO FL 33594~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/18/1992	3a. Date of Last Report 10/07/1996
4. FEI Number 59-3106096	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1911 PRESERVATION DR Suite, Apt. #, etc. 22 PLANT CITY, FL City & State 23 33567 Zip 24 USA Country	2a. Mailing Address 26 1911 PRESERVATION DR Suite, Apt. #, etc. 27 PLANT CITY, FL City & State 28 33567 Zip 29 USA Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOK-ANDERSON, KIM
~~1501 FOX HILL PLACE~~
~~VALRICO FL 33594~~

81 Name	82 Street Address (Box Number is Not Acceptable) 1911 PRESERVATION DR.	83	84 PLANT CITY FL 33567
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	BLOK-ANDERSEN, KIM	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	1501 FOX HILL PLACE	1.3 STREET ADDRESS	1911 PRESERVATION DR
	VALRICO FL 33594	1.4 CITY - ST - ZIP	PLANT CITY, FL 33567
<input type="checkbox"/> DELETE	BLOK-ANDERSEN, REGNER	2.1 TITLE	
	1501 FOX HILL PLACE	2.2 NAME	
	VALRICO FL 33594	2.3 STREET ADDRESS	1911 PRESERVATION DR
<input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP	PLANT CITY, FL 33567
		3.1 TITLE	
<input type="checkbox"/> DELETE		3.2 NAME	
		3.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		3.4 CITY - ST - ZIP	
		4.1 TITLE	
<input type="checkbox"/> DELETE		4.2 NAME	
		4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		4.4 CITY - ST - ZIP	
		5.1 TITLE	
<input type="checkbox"/> DELETE		5.2 NAME	
		5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP	
		6.1 TITLE	
<input type="checkbox"/> DELETE		6.2 NAME	
		6.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		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.

CR2E034 (4/97)