


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90074 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000327

1. Corporation Name
LANDLEASE CORPORATION

Principal Place of Business P.O. BOX 358 ELLENTON FL 34222-0358	Mailing Address P.O. BOX 358 ELLENTON FL 34222-0358
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26 2504 Summit Dr. #		11/06/1992		56-1014803		Not Applicable	
22 Suite, Apt. #, etc.		27 # 10670		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
23 TAMPA FL		28 JASPER GA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
24 Zip Country		29 Zip Country		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 HILLSBOROUGH		30 30143							

9. Name and Address of Current Registered Agent

WHITE, HARRY JR
11924 OAK RIDGE DRIVE
PARRISH FL 34219

10. Name and Address of New Registered Agent

81 Name **LAURENCE L. HANNEY, CPA**

82 Street Address (P.O. Box Number is Not Acceptable)
4615 CLOVERLAWN DR

83

84 City **TAMPA** FL 85 Zip Code **33624**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISHOLM, A E	1.2 NAME	
STREET ADDRESS	806 HOUNDSLAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	AIKEN SC 29803-5966	1.4 CITY-ST-ZIP	
TITLE	VCV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, HARRY C JR	2.2 NAME	
STREET ADDRESS	11924 OAK RIDGE DRIVE	2.3 STREET ADDRESS	2504 Summit Dr. # 10670
CITY-ST-ZIP	PARRISH FL 34219	2.4 CITY-ST-ZIP	Jasper, Ga. 30143
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISHOLM, BARBARA	3.2 NAME	
STREET ADDRESS	806 HOUNDSLAKE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AIKEN SC	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, LINDA	4.2 NAME	
STREET ADDRESS	11924 OAK RIDGE DRIVE	4.3 STREET ADDRESS	2504 Summit Dr. # 10670
CITY-ST-ZIP	PARRISH FL 34219	4.4 CITY-ST-ZIP	Jasper, Ga. 30143
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: **1/27/99** DAYTIME PHONE #: **706-266-1217**

CR2E034 (11/98)