## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (0)**DOCUMENT #** SEBRING RANCHETTES INCORPORATED Mailing Address Principal Place of Business 4300 PONCE DE LEON BLVD 4300 PONCE DE LEON BLVD. SEBRING FL 33872 SEBRING FL 33872 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 06/17/1960 Applied For 4. FEI Number . Mailing Address 2. Principal Place of Business 59-6071101 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc Suite Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Žıç. Zio Country Yes 🗌 No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHATTERPAUL, BHOJ S. Street Address (P.O. Box Number is Not Acceptable) 82 4300 PONCE DE LEON BLVD 83 SEBRING FL 33872 Zip Code 84 City 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE to bir from Jerost Age 1 School de trou a in an appearage is a common of regioned lagrand and the follower CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1 1 7 HUE THE CHATARPAUL, LAKERAM 12 NAME NAME 3282 MONICA DRIVE 1.3 STREET ADDRESS STREET ADDRESS MISSISSAUGA ONTARIO 1.4 CITY - \$T - ZiP CITY - ST - ZIP ☐ Change Maddion Addition SD DELETE 2.1 IUUE TITLE CHATARPUAL, KAISREE 2.2 NAME NAME 23 DONALDSON DRIVE 2.3 STREET ADDRESS STREET ADDRESS **BRAMPTON ONTTARIO** 2.4 CiTY+ST\_ZIF CITY - ST - ZIP Add tion ☐ Change DELETE 3 1 THEF TITLE CHATTERPAUL, BHOJ S. 3.2 NAME NAME 4300 PONCE DE LEON BLVD 3.3 STREET ADDRESS STREET ADDRESS SEBRING FL 34 CITY ST ZIP CITY - ST - ZIP Addition Change DELETÉ 4 1 THUE TITLE 4.2 NAM6 NAME 4.3 STREET ADDRESS STREE! ADDRESS 4.4 CITY - 51 - ZIP CITY-ST-ZIP DELETE Addition 5 1 TiTLE TIBLE 5.2 NAME NAME 5.3 STREET AUTHESS STREET ADDRESS 5.4 Oilly - ST - ZIP CITY - ST - ZIP Change ☐ Addition DELETE 6 1 TrLE TITLE 62 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 City - ST - ZIP 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)(k). Florida Statutes I further certify that the information indicated on this annual report or supplientental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 4-26-96 941-382-

OFFICER OR DIRECTOR