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May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **J95156** **(2)**

1. Corporation Name
BLACK DIAMOND RANCH, INC.

Principal Place of Business
2600 W BLACK DIAMOND CIR
LECANTO FL 34461
US

Mailing Address
2600 W BLACK DIAMOND CIR
LECANTO FL 34461
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Street Address, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified
10/01/1987

4. FEI Number
59-2854638
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. Does corporation owe or has paid the current year Intangible Personal Property Tax due June 30? Yes [ ] No [X]

9. Name and Address of Current Registered Agent
CARMAN, JAMES W.
6142 W CORPORATE OAKS DRIVE
CRYSTAL RIVER FL 34429

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 607.0505 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. The 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 (Typed or printed name of person signing) (If agent, Registered Agent's name must be typed or printed) DATE

12. OFFICERS AND/OR DIRECTORS

31 TITLE	DP	[ ] DELETE
32 NAME	OLSEN, STANLEY C.	
33 STREET ADDRESS	2600 W. BLACK DAIMOND CIRCLE	
34 CITY-ST-ZIP	LECANTO FL	
41 TITLE	STD	[ ] DELETE
42 NAME	CARMAN, JAMES W	
43 STREET ADDRESS	2600 W. BLACK DIAMOND CIR	
44 CITY-ST-ZIP	LECANTO FL	
51 TITLE		[ ] DELETE
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] DELETE
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
71 TITLE		[ ] DELETE
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		
81 TITLE		[ ] DELETE
82 NAME		
83 STREET ADDRESS		
84 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: Stanley C. Olsen 4/29/98 (352)746-4000