

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90079 031 ***150.00

1039537 1

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

DOCUMENT # P95000097924
 1. Corporation Name
HOBE SOUND RANCH, INC.

Principal Place of Business 4500 PGA BLVD. STE 400 PALM BEACH GARDENS FL 33418	Mailing Address 4500 PGA BLVD. STE 400 PALM BEACH GARDENS FL 33418
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified 12/28/1995	
4. FEI Number 65-0634095	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DIVOSTA, OTTO B
4500 PGA BLVD. STE 400
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DIVOSTA, OTTO B	
STREET ADDRESS	4500 PGA BLVD. STE 400	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DIVOSSTA, BETTY J.	
STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VAT	<input type="checkbox"/> DELETE
NAME	GALUI, JUDTH M.	
STREET ADDRESS	4500 PGA BLVD, USITE 400	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	STEPHANOS, DIANE L.	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FLOYD, CATHY D.	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DIVOSTA, CATHY D.	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	
CITY-ST-ZIP	PALM BCH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Diane L. Stephanos* 2/16/99 (561) 627-2112
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)