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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **695924** **(1)**

1. Corporation Name
EL MAR TROPIC RANCH, INC.

Principal Place of Business
% THOMAS G. HANSON
4560 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA FL 33308

Mailing Address
CASH, HARRY R
4560 EL MAR DR
LAUDERDALE BY TH SEA FL 33308-3608
US

3. Date Incorporated or Qualified: **07/23/1981**
3a. Date of Last Report: **07/08/1996**

2. Principal Place of Business
21 Harry R. Cash
Suite, Apt. #, etc.
22 4560 El Mar Drive
City & State
23 Lauderdale by the Sea
Zip 24 33308 Country 25 Broward

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

4. FEI Number: **59-2110216** ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CASH, HARRY R
4560 EL MAR DR
LAUDERDALE BY THE SEA FL 33308

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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TODD, DOLORES S		1.2 NAME		
STREET ADDRESS	6687 ANGUTA TRAIL, W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MENDOTA HGTS MN		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TODD, JOHN J		2.2 NAME		
STREET ADDRESS	6689 ARGENTA TRAIL W		2.3 STREET ADDRESS		
CITY-ST-ZIP	INVER GROVE HGTS,MN0		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOUGHERTY, RUTH		3.2 NAME		
STREET ADDRESS	4875 SHERBURN LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY		3.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAUDENSHIELD, JANET		4.2 NAME		
STREET ADDRESS	1505 ORCHARD VIEW DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRIAN, JOHN		5.2 NAME		
STREET ADDRESS	BOX 7828, 8 WOODMONT DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE NJ		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JASKOWIAK, LEONARD		6.2 NAME		
STREET ADDRESS	1157 KINGSLEY CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MENDOTA HEIGHTS MN		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: X Harry R. Cash 1-15-97 954-772-3910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #