FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **233387** **(0)**

1. Corporation Name
SEBRING RANCHETTES INCORPORATED

Principal Place of Business
4300 PONCE DE LEON BLVD.
SEBRING FL 33872

Mailing Address
4300 PONCE DE LEON BLVD.
SEBRING FL 33872

3. Date Incorporated or Qualified **06/17/1960**
3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22 N/A
City & State
23
Zip 24 Country 25

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

4. FEI Number **59-6071101** 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
CHATTERPAUL, BHOJ S.
4300 PONCE DE LEON BLVD
SEBRING FL 33872

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 N/A
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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHATARPAUL, LAKERAM		1.2 NAME	
STREET ADDRESS	3282 MONICA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA ONTARIO		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHATARPUAL, KAISREE		2.2 NAME	
STREET ADDRESS	23 DONALDSON DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRAMPTON ONTTARIO		2.4 CITY-ST-ZIP	
TITLE	OM	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHATTERPAUL, BHOJ S.		3.2 NAME	
STREET ADDRESS	4300 PONCE DE LEON BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 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: Bhoj S Chatterpaul 4-26-96 941-382-9238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BHOJ S CHATTERPAUL

CR2E034 (12/95)