

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 16 AM 11:11

DOCUMENT # 292132 (8)

1. Corporation Name
RANCHLAND INC

Principal Place of Business Mailing Address
**2838 N W 22ND AVE P.O. BOX 650474
MIAMI FL 33265-0474 MIAMI FL 33265-0474
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/20/1965** 3b. Date of Last Report **06/16/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **59-1648328** Applied For
Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country

6. Election Campaign Financing / Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BYRNES, BUDDY
2838 NW 22ND AVE
MIAMI FL 33142**

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

Signature typed or printed name of registered agent and title if applicable

(Date) Registered Agent signature required when reappointing

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL MANAGERS, OFFICERS, DIRECTORS, ETC.

TITLE	PD
NAME	BYRNE, ESTHER MORRIS
STREET ADDRESS	2838 N.W. 22ND AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	MORRIS, PHILLIP
STREET ADDRESS	2838 N.W. 22ND AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	BYRNE, BUDDY
STREET ADDRESS	2838 N.W. 22ND AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110 (7)(b)(4), 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: ESTHER MORRIS BYRNE (Esther Morris Byrne - 6/12/95)
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (395)