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Apr 15, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 292132

1. Corporation Name RANCLAND INC

Principal Place of Business 2838 N W 22ND AVE MIAMI FL 33265-0474

Mailing Address P.O. BOX 650474 MIAMI FL 33265-0474 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/20/1965

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 59-1648328 Applied For Not Applicable

22. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country

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

23. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country

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

24. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent BYRNES, BUDDY 2838 NW 22ND AVE MIAMI FL 33142

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

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Columns include Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 12 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns include Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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: Esther Morris Byrnes REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99 Date

Daytime Phone #

CR2E034 (11/98)