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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	RANCH BY THE SEA, INC e of Business OCEAN	` '	4			
					1	Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address			02/13/1975 4. FEI Number	10/07/1996 Applied For
21 26		26			NOT APPLICABLE	Not Applicable
Suite Apt. #, etc.		Suite, Apt #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Countr	у	8. This corporation has liability for intang	
24	25 29 9. Name and Address of Current Registered Agent		30	Florida Statutes Yes ANO 10. Name and Address of New Registered Agent		
	IN, JEAN D	r nedistaten wäerr	81	Name	10. Hante and Address of Hew Registe	ieu Agent
		r _a ,	Carnet Add	deser (D.O. Day N. serber in Not Assessable)		
	72ND ST. OCEAN NATHON FL 33050		8:	2 Silee: Add	dress (P.O. Box Number is Not Acceptable)	
			83	3		
•			84	City	<u> </u>	85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statute	es, the above	/e-named co	rporation submits this statement for the purpo-	se of changing its registered
office or r agent _e t a	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized b orida Statute	y the corpora es.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE.						<u> </u>
12,	Signature, typed or prob it came of registered agent and title if applicable (NOTÉ: B) OFFICERS AND DIRECTORS		E: Hegistered A	gent signature req	ulred when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD DELETE		1 1 TITLE		A STATE OF THE STA	Change Addition
NAME	MOHN, JEAN D		1.2 NAME			
STREET ADDRESS	895 SUNDAIL CR.		1.3 STREE	ET ADDRESS		
C:TY - ST - ZIP	LIVERMORE CA 94550	DELETE	1.4 CITY - ST-ZIP			M Alexander
TITLE	2.21		2.1 TITLE	ĺ	Change Addition	
NAME STREET ADDRESS			2.2 NAME	T ADDRESS		
CITY-S1-ZIP			2. 4 CITY-SY-ZIP			
TITLE	DELETE 3.11		3.1 TITLE			Change Addition
NAME	- 32		3.2 NAME	•		
STREET ADDRESS			3.3 STREE	ET ADDRESS		
CITY-ST 7.P		DELETE	3 4. CITY			Change Addition
TITLE NAME			4.1 TITLE 4.2 NAM	!		Change Addition
STREET ADDRESS				ET ADDRESS	,	
CITY-S1-ZIP			4.4 CITY	1		
TITLE			5.1 TITLE		100002083 -02/11/9701043-	4 1 1 1 Addition
NAME	5.2		5.2 NAM(:]	-02/11/9701043-	-009
STHEET ADDRESS	5.3			ET ADDRESS	***165 . 00	
CITY- \$1-ZIP			5.4 City			Change Addition
TITLE NAME		L., DELETE	6.1 TITLE 6.2 NAMI			The first the first tention
STREET ADDRESS				ET ADDRESS		14 0-10
an activities of the			3.50		ν	1B 2-10

14. I do hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

FILED

Feb 10 1997 8:00am

Secretary of State