

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

FILED

Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 555650

(1)

1. Corporation Name

RANCHERO PROPERTIES, INC.

Principal Place of Business

Mailing Address

3801 BEE RIDGE RD STE 12
PO BOX 2886
SARASOTA FL 34233

3801 BEE RIDGE RD STE 12
PO BOX 2886
SARASOTA FL 34233-1159



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/19/1977	04/30/1996
22 City & State		27 City & State		4. FCI Number	Applied For
23 Zip		28 Zip		59-1786593	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing	\$5.00 May Be Added to Fees
				7. Trust Fund Contribution	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

TURNER, JIM
1550 RINGLING BLVD
SARASOTA FL 33577

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

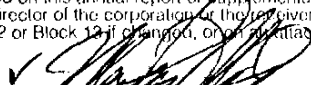
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	KENDALL, HERBERT J	1.2 NAME	
STREET ADDRESS	2327 LA MESA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA, CA 00000	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	BERMAN, MANDELL L	2.2 NAME	
STREET ADDRESS	29100 N'WESTERN HWY #370	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD, MI 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	NEWBY, MARTIN	3.2 NAME	
STREET ADDRESS	3801 BEE RIDGE RD.,S-12	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: 

2-10-97 941-423-1451

CR2E034 (9/96)