FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY 11 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 624940 (3)

1. Corporate Name
THE RANCHES OF INVERNESS, INC.

Principal Office Address
17121 SW 54 STR
FT LAUDERDALE FL 33331
US

Mailing Address
17121 SW 54 STR
FT LAUDERDALE FL 33331
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1979
3a. Date of Last Report: 04/12/1994

2. Principal Office Address
21
22
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 30

4. FEI Number: 59-1974088 — 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. The corporation has taken the elections under S. 196.081 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
CALVERT, JEFFREY D.
17121 SW 54 ST.
FT LAUDERDALE FL 33331

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 607.0505 and 607.0508, Florida Statutes, the above named corporation submits the 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

Signature of Registered Agent — Date — Typed or Printed Name of Registered Agent

12. OFFICERS AND DIRECTORS

PDS
CALVERT, JEFFREY D
17121 SW 54 ST.
FT LAUDERDALE FL

T
CALVERT, JEFFREY D
17121 SW 54 STR
FT LAUDERDALE FL

V
CALVERT, JASON
17121 SW 54 ST
FT LAUDERDALE FL

DIRECTOR
DAVID CALVERT 32630
18975 W. Hwy 328
DUNNELLON, FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition
Title
Name
Street Address
City, State, Zip

[ ] Change [ ] Addition
Title
Name
Street Address
City, State, Zip

[ ] Change [ ] Addition
Title
Name
Street Address
City, State, Zip

[ ] Change [ ] Addition
Title
Name
Street Address
City, State, Zip

[ ] Change [ ] Addition
Title
Name
Street Address
City, State, Zip

[ ] Change [ ] Addition
Title
Name
Street Address
City, State, Zip

14. I 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)(i), Florida Statutes. Further, that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an attachment with an address.

SIGNATURE: Jeffrey D. Calvert JEFFREY D. CALVERT 5-9-95 305 434-1394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

036633 CP