

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

FILED

May 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 # 677517 (5)

1. Corporation Name
PRAIRIE RIVER RANCH, INC.

Principal Place of Business 5100 WEST KENNEDY BOULEVARD SUITE 400 TAMPA FL 33609	Mailing Address 5100 WEST KENNEDY BOULEVARD SUITE 400 TAMPA FL 33609-1824
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3. Date Incorporated or Qualified 07/01/1980	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 500 N. Westshore Suite, Apt. #, etc. 22 Suite 1000 City & State 23 Tampa, FL Zip 24 33609	2a. Mailing Address 26 P.O. Box 20368 Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip 29 33622	4. FEI Number 59-2004237 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

RICKARD, JAMES I. III
5100 WEST KENNEDY BOULEVARD, SUITE 400
5002 LEMON STREET, SUITE 2100
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name James I. Rickard III	82 Street Address (P.O. Box Number is Not Acceptable) 500 N. Westshore, Suite 1000
83	
84 City Tampa	85 Zip Code FL 33609

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 607.0503, Florida Statutes.

SIGNATURE: *James I. Rickard III* 5/1/97
 Signature, typed or printed name of registered agent and title if applicable (Required Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANINI, GHISLAIN	1.2 NAME	
STREET ADDRESS	5100 W KENNEDY BLVD #460	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, JOSEPH	2.2 NAME	
STREET ADDRESS	P.O. BOX 3433 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33601	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POCHEZ, PATRICE	3.2 NAME	
STREET ADDRESS	5100 W KENNEDY BLVD #460	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZEAUD, OLIVER	4.2 NAME	
STREET ADDRESS	5100 W. KENNEDY BLVD. #460	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDON, ALAIN	5.2 NAME	
STREET ADDRESS	5100 W KENNEDY BLVD #460	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DHOTEL, DANIEL	6.2 NAME	
STREET ADDRESS	5100 W KENNEDY BLVD #460	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	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: *James I. Rickard III* 5/1/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)