

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 FEB 23 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 695924

(1)

1. Corporation Name

EL MAR TROPIC RANCH, INC.

Principal Place of Business

**% THOMAS G. HANSON
4500 EL MAR DRIVE
LAUDERDALE-BY-SEA FL 33308**

Mailing Address

**% THOMAS G. HANSON
4500 EL MAR DRIVE
LAUDERDALE-BY-SEA FL 33308**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/23/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2110216

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. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

Country

9. Name and Address of Current Registered Agent

**HANSON, THOMAS G
4500 EL MAR DRIVE
LAUDERDALE B.T.S. FL 33308**

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

TITLE

S

NAME

TODD, DOLORES S

STREET ADDRESS

6887 ANGUTA TRAIL, W.

CITY-ST-ZIP

MENDOTA HGTS MN

TITLE

SD

NAME

TODD, JOHN J

STREET ADDRESS

6889 ARGENTA TRAIL W

CITY-ST-ZIP

INVER GROVE HGTS, MINN

TITLE

VD

NAME

DOUGHERTY, RUTH

STREET ADDRESS

4875 SHERBURN LN

CITY-ST-ZIP

LOUISVILLE KY

TITLE

DP

NAME

HAUDENSHIELD, JANET

STREET ADDRESS

1505 ORCHARD VIEW DR.

CITY-ST-ZIP

PITTSBURGH PA

TITLE

D

NAME

BRIAN, JOHN

STREET ADDRESS

BOX 7828, 8 WOODMONT DR

CITY-ST-ZIP

LAWRENCEVILLE NJ

TITLE

D

NAME

JASKOWIAK, LEONARD

STREET ADDRESS

1157 KINGSLEY CIRCLE

CITY-ST-ZIP

MENDOTA HEIGHTS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. TODD

2/14/95

(Date)

805/222-3910

(Daytime Phone #)