SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 695924 (1)

1. Corporation Name

EL MAR TROPIC RANCH, INC.

Principal Place of Business	Mailing Address
% THOMAS G. HANSON 4560 EL MAR DRIVE LAUDERDALE-BY-THE-SEA FL 33308	% THOMAS G. HANSON 4560 EL MAR DRIVE LAUDERDALE-BY-THE-SEA FL 33308

3. Date Incorporated or Qualified: 07/23/1981
3a. Date of Last Report: 02/28/1995
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	2a. Mailing Address
21	26 %Harry R. Cash
22 Suite, Apt #, etc	27 Suite, Apt #, etc 4560 El Mar Drive
23 City & State	28 City & State Lauderdale by the Sea, Fl
24 Zip 25 Country	29 Zip 33308 30 Country Broward

9. Name and Address of Current Registered Agent

HANSON, THOMAS G
4560 EL MAR DRIVE
LAUDERDALE B.T.S. FL 33308

10. Name and Address of New Registered Agent

81 Name: Harry R. Cash
82 Street Address (P.O. Box Number is Not Acceptable): 4560 El Mar Drive
83
84 City: Lauderdake by rge Sea, FL 85 Zip Code: 33308

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: Harry R. Cash — 7-3-96
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	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TODD, DOLORES S		1.2 NAME	
STREET ADDRESS	6687 ANGUTA TRAIL, W.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HGTS MN		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TODD, JOHN J		2.2 NAME	
STREET ADDRESS	6689 ARGENTA TRAIL W		2.3 STREET ADDRESS	
CITY-ST-ZIP	INVER GROVE HGTS,MN0		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOUGHERTY, RUTH		3.2 NAME	
STREET ADDRESS	4875 SHERBURN LN		3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY		3.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HAUDENSHIELD, JANET		4.2 NAME	
STREET ADDRESS	1505 ORCHARD VIEW DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BRIAN, JOHN		5.2 NAME	
STREET ADDRESS	BOX 7828, 8 WOODMONT DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE NJ		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JASKOWIAK, LEONARD		6.2 NAME	
STREET ADDRESS	1157 KINGSLEY CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harry R. Cash — 7-3-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)