

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

FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

% THOMAS G. HANSON  
4560 EL MAR DRIVE  
LAUDERDALE-BY-THE-SEA FL 33308

Mailing Address

CASH, HARRY R  
4560 EL MAR DR  
LAUDERDALE BY TH SEA FL 33308-3608  
US

3. Date Incorporated or Qualified  
07/23/1981

3a. Date of Last Report  
07/08/1996

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 HARRY R. Cash  
Suite, Apt. #, etc.  
22 HS 60 EL MAR DRIVE  
City & State  
23 lauderdale by the sea  
Zip  
24 33308

2a. Mailing Address

26 CASH, HARRY R  
Suite, Apt. #, etc.  
27 4560 EL MAR DR  
City & State  
28 LAUDERDALE BY TH SEA FL 33308-3608  
Country  
29 US

9. Name and Address of Current Registered Agent

CASH, HARRY R  
4560 EL MAR DR  
LAUDERDALE BY THE SEA 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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	DELETE
NAME	TODD, DOLORES S	
STREET ADDRESS	6887 ANGUTA TRAIL, W.	
CITY - ST - ZIP	MENDOTA HGTS MN	
TITLE	SD	DELETE
NAME	TODD, JOHN J	
STREET ADDRESS	6889 ARGENTA TRAIL W	
CITY - ST - ZIP	INVER GROVE HGTS, MN	
TITLE	VD	DELETE
NAME	DOUGHERTY, RUTH	
STREET ADDRESS	4875 SHERBURN LN	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	DP	DELETE
NAME	HAUDENSHIELD, JANET	
STREET ADDRESS	1505 ORCHARD VIEW DR.	
CITY - ST - ZIP	PITTSBURGH PA	
TITLE	D	DELETE
NAME	BRIAN, JOHN	
STREET ADDRESS	BOX 7828, 8 WOODMONT DR	
CITY - ST - ZIP	LAWRENCEVILLE NJ	
TITLE	D	DELETE
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 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:

X Harry R. Cash  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-97  
Date

954-772-3910  
Daytime Phone #

CR2E034 (9/96)