

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90065 036 \*\*\*150.00

DOCUMENT # 695924

1. Corporation Name

EL MAR TROPIC RANCH, INC.



Principal Place of Business

~~CASH HARRY R.~~  
4560 EL MAR DRIVE  
LAUDERDALE-BY-THE-SEA FL 33308  
US

Mailing Address

~~CASH HARRY R.~~  
4560 EL MAR DR  
LAUDERDALE BY TH SEA FL 33308  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1981

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

Linda Osburn

82 Street Address (P.O. Box Number is Not Acceptable)

4560 El Mar Drive

83

Lauderdale by the Sea

84 City

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

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 6687 ANGUTA TRAIL, W.  
CITY-ST-ZIP MENDOTA HGTS MN

DELETE

TITLE SD  
NAME TODD, JOHN J  
STREET ADDRESS 6689 ARGENTA TRAIL W  
CITY-ST-ZIP INVER GROVE HGTS, MN

DELETE

TITLE VD  
NAME DOUGHERTY, RUTH  
STREET ADDRESS 4875 SHERBURN LN  
CITY-ST-ZIP LOUISVILLE KY

DELETE

TITLE DP  
NAME HAUDENSHIELD, JANET  
STREET ADDRESS 1505 ORCHARD VIEW DR.  
CITY-ST-ZIP PITTSBURGH PA

DELETE

TITLE DP  
NAME BRIAN, JOHN  
STREET ADDRESS BOX 7828, 8 WOODMONT DR  
CITY-ST-ZIP LAWRENCEVILLE NJ

DELETE

TITLE D  
NAME JASKOWIAK, LEONARD  
STREET ADDRESS 1157 KINGSLEY CIRCLE  
CITY-ST-ZIP MENDOTA HEIGHTS MN

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T-D  
1.2 NAME Ralph Miller  
1.3 STREET ADDRESS 288 Eastford Rd  
1.4 CITY-ST-ZIP Southbridge, Ma 01550

Change Addition

2.1 TITLE D  
2.2 NAME Mary Regan  
2.3 STREET ADDRESS 2114 Carl Lane  
2.4 CITY-ST-ZIP So St. Paul, mn 55075

Change Addition

3.1 TITLE D  
3.2 NAME Frank Valia  
3.3 STREET ADDRESS 2135 Wiggins Ave  
3.4 CITY-ST-ZIP Springfield, Il. 62704

Change Addition

4.1 TITLE D  
4.2 NAME Joyce Jaskowiak  
4.3 STREET ADDRESS 1157 Kingsley Circle  
4.4 CITY-ST-ZIP Mendota Heights, mn 55118

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* JOHN J. Todd 2/17/99 (954) 772-3910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)