


FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714161** (7)
1. Corporation Name
HACIENDA GIRL'S RANCH, INC.

Principal Place of Business 326 CROTON RD PO BOX 361097 MELBOURNE FL 32936-1097	Mailing Address 326 CROTON RD PO BOX 361097 MELBOURNE FL 32936-1097
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2. Principal Place of Business 21		2a. Mailing Address 28		3. Date Incorporated or Qualified 02/26/1968	3a. Date of Last Report 01/25/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-6211487	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.		10. Name and Address of New Registered Agent	
SIGNATURE <i>William L. Vintroux</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE 4/28/97	
81. Name Vintroux, William L		82. Street Address (P.O. Box Number is Not Acceptable) 1158 Polk Street	
83. City Melbourne		84. Zip Code FL 32935	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOLDMEN, VAUGH		1.2 NAME HOLEMAN, VAUGHN	
STREET ADDRESS 2101 S. WAVERLY PLACE, SUITE 100		1.3 STREET ADDRESS 2101 S. Waverly Place, Suite 100	
CITY-ST-ZIP MELBOURNE FL		1.4 CITY-ST-ZIP Melbourne, FL 32901	
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MORLEY, RICHARD A		2.2 NAME Corbley, Paul	
STREET ADDRESS 1045 SAMAR RD.		2.3 STREET ADDRESS 100 Rialto Place	
CITY-ST-ZIP COCOA BEACH FL		2.4 CITY-ST-ZIP Melbourne, FL 32901	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, JIMMIE L		3.2 NAME	
STREET ADDRESS 500 W. FEE AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL		3.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KINBERG, EDWARD J		4.2 NAME Kinberg, Edward J	
STREET ADDRESS 770 VERBENIA		4.3 STREET ADDRESS 770 Verbenia	
CITY-ST-ZIP SATELLITE BEACH FL		4.4 CITY-ST-ZIP Satellite Beach, FL 32937	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FISHPAW, JARRETTK		5.2 NAME Vintroux, William L	
STREET ADDRESS 6831 NORMAN DR		5.3 STREET ADDRESS 1158 Polk Stree	
CITY-ST-ZIP MELBOURNE FL		5.4 CITY-ST-ZIP Melbourne, FL 32935	
TITLE P	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANIEL, RUTH		6.2 NAME	
STREET ADDRESS 12851 MICANOPY LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *William L. Vintroux* **4/28/97 (407) 254-1233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0019612**

CR2037 (9/96)