

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 733955 (9)

1. Corporation Name
THE NAKED LADY RANCH, INC.



Principal Place of Business: **6100 S.W. MOORES STREET P. O. BOX 332 PALM CITY FL 34990**
Mailing Address: **6100 S.W. MOORES STREET P. O. BOX 332 PALM CITY FL 34990**

3. Date Incorporated or Qualified: **09/30/1975**
3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State
23 Zip: **34991** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.
27 City & State
28 Zip: **34991** Country: **30**
4. FEI Number: **59-1647303** 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

9. Name and Address of Current Registered Agent: **SALES, RONALD 1551 FORUM PL STE 300F W PALM BCH FL 33402**
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 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAWSON, CLYDE W.	
STREET ADDRESS	5800 S.W. 61ST DR.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, DIANE	
STREET ADDRESS	8505 SW 52ND TERRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRANHAM, ROY	
STREET ADDRESS	4812 SW 61ST DRIVE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KIGHT, STEPHANIE P	
STREET ADDRESS	5405 SW 61ST DRIVE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ARTHUR, DEANNA L	
STREET ADDRESS	4905 SW 61ST DRIVE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITE, SHELLEY B	
STREET ADDRESS	5705 SW 61ST DR	
CITY-ST-ZIP	PALM CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANDREW ARTHUR	
1.3 STREET ADDRESS	4905 SW 61st Dr.	
1.4 CITY-ST-ZIP	PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	DIV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEPHANIE P. CARNEY	
2.3 STREET ADDRESS	5405 SW 61ST DR.	
2.4 CITY-ST-ZIP	PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KEITH ROOT	
3.3 STREET ADDRESS	6344 SW 52nd Terr.	
3.4 CITY-ST-ZIP	PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICHARD V. WARDEN	
4.3 STREET ADDRESS	PO BOX 555	
4.4 CITY-ST-ZIP	PALM CITY, FL 34991	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200001795812	
5.3 STREET ADDRESS	-04/26/96--01027--032	
5.4 CITY-ST-ZIP	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deanna L. Arthur* **DEANNA L. ARTHUR** 3/11/96 407-223-8974
Date Daytime Phone #

CR2E037 (12/95)