

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 15 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 841930 (1)**

1. Corporation Name  
**RANGERS OF AMERICA, INC.**



Principal Place of Business <b>7523 ALOMA AVENUE          SUITE 106          WINTER PARK FL 32782          US</b>	Mailing Address <b>7523 ALOMA AVENUE          SUITE 106          WINTER PARK FL 32782          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3039 Riverdale Rd</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Orlando FL</b> Zip <b>24 32817</b>	2a. Mailing Address <b>26 3039 Riverdale Rd</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 ORLANDO FL</b> Zip <b>29 32817</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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3. Date Incorporated or Qualified <b>11/30/1978</b>	3a. Date of Last Report <b>03/26/1996</b>
4. FEI Number <b>59-1982475</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JACKSON, DARRELL L.  
 7910 SHOALS DRIVE  
 APT. B  
 ORLANDO FL 32817**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	<b>3039 RIVERDALE RD</b>
83	
84 City	<b>ORLANDO</b>
85 Zip Code	<b>FL 32817</b>

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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, DARRELL</b>	
STREET ADDRESS	<b>7910 SHOALS DRIVE, APT. B</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBISON, TERRY L</b>	
STREET ADDRESS	<b>1190 S. RARITAN ST., APT. 1</b>	
CITY-ST-ZIP	<b>DENVER CO</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, RICHARD</b>	
STREET ADDRESS	<b>100 RABUN COURT</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DARRELL JACKSON</b>	
1.3 STREET ADDRESS	<b>3039 RIVERDALE RD.</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>RICHARD TAYLOR</b>	
3.3 STREET ADDRESS	<b>345 HIDDEN LAKE DR</b>	
3.4 CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE **DARRELL JACKSON**

CR2E037 (4/97)