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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F34973

1. Corporation Name
RANGELINE PARK, INC.

Principal Place of Business
C/O JOHN R GOULD
979 BEACHLAND BLVD
VERO BEACH FL 32963-1688

Mailing Address
C/O JOHN R GOULD
979 BEACHLAND BLVD
VERO BEACH FL 32963-1688

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOKSEY, B.T.
979 BEACHLAND BLVD.
VERO BEACH FL 32963

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KNIGHT, C REED
STREET ADDRESS 5740 13TH ST. S.W.
CITY-ST-ZIP VERO BEACH FL

DELETE

TITLE VD
NAME MOORE, JOHN K
STREET ADDRESS C/O 755 BEACHLAND BLVD
CITY-ST-ZIP VERO BEACH FL

DELETE

TITLE STD
NAME HOGAN, A ROY
STREET ADDRESS 15 TARPON DR
CITY-ST-ZIP VERO BEACH FL

DELETE

TITLE VD
NAME FITCH, LUTHER L
STREET ADDRESS 5615 ORDUNA DR
CITY-ST-ZIP CORAL GABLES FL

DELETE

TITLE VD
NAME KORTH, A.J.
STREET ADDRESS 2065 N PORPOISE POINT LA
CITY-ST-ZIP VERO BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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:

C. Reed Knight

Date

Daytime Phone #

1-26-99(561)5623601

CR2E034 (11/98)