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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700003787 (5)

FILED
May 01 1998 8:00am
Secretary of State

RÀNCHO DE MACHO GRANDE, INC.					
Principal Place	e of Business	Mailing Address			
301 CONGRESS AVENUE. SUITE 1900 301 CONGRESS AVENUE. SUIT				0	
AUSTIN TX 78701 AUSTIN TX 78701				•	
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 07/21/1997
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 26					52-2046206 Not Applicable
├		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27			Fee Regulred
City & State		Crty & State	¬ '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	<u> </u>		Trust Fund Contribution
24	25	29	30	,	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren]		10. Name and Address of New Registered Agent
C 1	CORPORATION SYSTEM		8	Name	9
1200 SOUTH PINE ISLAND ROAD			8:	2 Street	t Address (P.O. Box Number is Not Acceptable)
PL#	INTATION FL 33324		-	<u> </u>	
			8	3	
			8	City	85 Zip Code
44 Dimension	to the provisions of Spetions 607 050	2 and CO7 stCO2 Florida District			FL FL FL FL FL FL FL FL
office or n	egistered agent, or both, in the State	of Florida, Such change was a	es, the abo authorized b	ye-named by the corp	or corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
_ *	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statuti	98.	
SIGNATURE	Signature, typod or printed name of registered age:	it and site if applicable (NOT)	. Registered A	joht signature	re required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVC	11.1			P D Change Addition
NAME	GIORDANI, LESLIE C	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1.2 NAME		EDWIN M. FRRAHLEY
STREET ADDRESS	301 CONGRESS AVENUE, SU	TIE 1900	1.3 STREE	T ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78701	VI printe	1.4 CITY	ST-ZIP	LYNCH BURG-, VA 24503
TITLE	\$ Churig, Elizabeth M	DELETE	2.1 TITLE		UST № ☐ Change ☑ Addition
NAME	301 CONGRESS AVENUE, SU	ITE 1000	2.2 NAME		ROBERT M. SMITHER, 5R 1450 S. DIXIE HWY, STE 101
STREET ADDRESS	AUSTIN TX 78701	110 1900		T ADDRESS	1 11 -
CITY-ST-ZIP TITLE	7,00	DELETE	2. 4 CITY 3.1 TITLE		POCA RATON, FL 73432
NAME			3.2 NAME		
STREET ADDRESS				T ADDRESS .	
CITY-ST-ZIP			3.4. CITY	ST-ZIP	
TITLE	DELETE 4.11		4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-	ST-ZIP	Change Addition
TITLE		Ŭ ntrei t	6.1 TITLE		Change Addition
NAME PERCET ADDRESS			6.2 NAME	1	
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP			6.4 CITY-	21-115	

14. Thereby 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 of 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 on an attachment with an address.

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1/24/00 (01) 228-3290