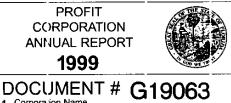
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90030 026 ***150.00

RANCH	MANAGEMENT CONSULTAI	NTS, INC.					
Principal Plac	e of Business	Mailing Address			T CONTINE DAME LINE IN THE REAL OF DAY	19 (1)(A(A)(B(B)) A)B)(B)3((B)	.811 01011 (004
695 S.W. U.S.	HIGHWAY 1	695 S.W. U.S. HIGHWAY 1					
P. O. BOX 2187 P O BOX 2187 VERO BCH. FL 32961-2187 VERO BCH FL 32961-2187							
						E IN TH S SPACE	
US					3. Date Ir corporated or Qualifed		
					01/17/1983		
Principa Place of Business 2a. Mailing Add		2a. Mailing Address	dress		4. FEI Number		pied For
21 26					59-23 16 133		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	
22		27			Fee Rec		
City & S ate		City & State		6. Election Campaign Financing	□ \$5.00 i		
23		28		Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	/	This corporation owes the current		
24	25	29	30		Personal Property Tax.		[]No
	9. Name and Address of Curren	t Registered Agent		1	10. Name and Address of New R	egistered Agent	
0.41	DANIEL AND LARGE AN		81	Name			
	DWELL, WILLIAM W.		82	Street Ac	dress (P.O. Box Number is Not Acceptate	ble)	
756 BEACHLAND BLVD							
VE.H	O BEACH FL 32963		83				i
			84	City		85 Zip C	\ude
			0-4	City		FL S	
agent. a	am familiar with, and accept the obligation of the state	nt and title if applicable. (NOTi::	da Statutes	s. 	etion's board of cirectors. I hereby accept	DATÉ	
12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	SEXTON, RALPH W		1.2 NAME				
STREET ADDRESS			1.3 STREE	TADDRESS			
CITY-ST-ZIP	VERO BCH, FL 00000		1.4 CITY-S	ST-ZIP			
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change ·	· Addition
NAME	SEXTON, SEAN E		2.2 NAME				
STREET ADDRESS	7880 37TH STREET		2.3 STREE	TADDRESS			
CITY-ST-ZIP	VERO BCH, FL 00000		2. 4 CITY-	ST-ZIP			
TITLE	ST	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	SEXTON, JANET CHRISTINE		3.2 NAME				
STREET ADDRE 3S	OOOF OFFIL CEDELL		3.3 STREE	TADDRESS			
CITY-ST-ZIP	VERO BCH, FL 00000		3.4. CITY-	ST- 71P			
TITLE	12110 0011, 12 0000	☐ DELETE	4.1 TITLE	O7 2		☐ Change	☐ Addition
NAME			4. 2 NAME				
				TADDRESS			
STREET ADDRESS	'[1				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5)1-ZIP		☐ Change	Addition
TITLE		□ beceit	5.1 TITLE 5.2 NAME				
NAME				T ADDRESS		•	
STREET ADDRESS	5						
CITY-ST-ZIP		□ DELETE	5.4 CITY-5 6.1 TITLE	51-ZIP		Change	Addition
TITLE		☐ DELETE	4			□ Change	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			

CITY-ST-ZiP 14. I hereby certify that the information supplied with this filing does not qualify fir 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 ham an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: