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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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Page (CESA) CHARTS TOTAL

97 HAY -1 PH 2: 32

1. Corporation Name # J11898 (U) RANGERS II CONSULTANTS, INC.						SECRETARY OF STATE TALLAHASSEE FLORIDA				
Principal Place of Business BOCA WEST - FAIRWAY OAKS 7138 MELBOURNE LANE BOCA RATON FL 33434				Mailing Address Slauck The Paces 4369 77 E. Andrews Dr. NW						
				Atlanta, GA 30.	903	i i	 Date Incorporated or Qualified 04/30/1986 		ate of Last R	eport
2. Principal Place of Business			28.	2a. Mailing Address 2b. David W. Hauck 77 East Andrews Dr., NW Suite, Apt. #, etc. 27 The Paces #369 City & State 28 Atlanta GA 30305			4. FEI Number		Applied For	
Suite, Apt. #, etc		26						Not Applicable 8.75 Additional		
22	2						5. Certificate of Status Desired		Fee Required	
City & Sta	City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	2	Country 5	29	Zip 30305	Co	untry Fulton	This corporation has liability for Florida Statutes	r intangible Yes		. 199.032,
	9. Name B	nd Address of Curr	ent Registe	ered Agent		61 Name	10. Name and Address of New R	Registered	Agent	
71	OCA WEST - F 38 MELBOUR OCA RATON F			82 Street Add 83 84 City			ress (P.O. Box Number is Not Acceptable)			
				·····		<u> 1 </u>		<u>FL</u>		
11. Pursuan office or agent 1		ins of Sections 607.05 nt, or both, in the Sta n, and accept the obt				Indove-named corporal tutes. Indicate the corporal tutes. Indicate the corporal tutes and Agent signature required.	poration submits this statement for the tion's board of directors. I hereby account alred when reinstating)		f changing it pointment as	s registered registered
SIGNATURE	Sligeature, typed or		agent and title it	applicable. (N	OTE: Registere	ed Agent signature requ		purpose of ept the app	DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME SIBERT ADDRESS	P ORR, KEN 7138 MEU	OFFICERS A INETH R. BOURNE LANE	agent and title it	applicable. (N	OTE: Registere 13. 1.1 T 1.2 N 1.3 S	and Agent signature requirements ITLE IAME TREET ADDRESS	ifed when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	DIRECTOR Change	S IN 12
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Information indicated on this annual report of supplied entry in the exemption stated in Section 119.07(3)(i), Horida Statutes. Hurther certify that the information indicated on this annual report of supplied ental 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 thistee 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.

SIGNATURE:

SIGNATURE AND TYPED ON FRINTED HAME OF BIOMING OFFICER OR DIRECTOR Date

4-30-97

Daytime Phone # 0316896