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PROFIT CORPORATION ANNUAL REPORT

1999

GANEY RANCH INC.

Corporation Name

DOCUMENT # K52686

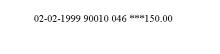


FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 02, 1999 8:00am **Secretary of State**



GANEY RA	ANCH INC.				<u></u>			
Principal Place of	of Business	Mailing Address	<u> </u>					
		5060 RIVERVIEW BLVD.						
6060 RIVERVIEW BLVD. BRADENTON FL 34209		BRADENTON FL 34209				DO NOT WRITE IN THIS SPACE		
BRADENTON FL 34209						3. Date Incorporated or Qualifed		
		•				12/20/1988		
		A Marillan Address				4. FEI Number		ed For
2. Principal Pla	ce of Business	2a. Mailing Address				59-3000248	Not A	Applicable
1		Suite, Apt. #, etc.					\$8.75 Ad	
Suite, Apt. #	, etc.	\vdash				5. Certifcate of Status Desired	Fee Requ	uired
22	<u> </u>	City & State				6. Election Campaign Financing	\$5.00 ⋈	
City & State		 -				Trust Fund Contribution	Added to	Fees
.3		28	Cou	intry		8. This corporation owes the current year in	tangible	_
Zip	Country	- - '	30			Personal Property Tax.	∐ YesL	□No
.4	25	29 Agent	30	Г		10. Name and Address of New Registered	Agent	
	9. Name and Address of Currer	TREGISTERED Agent		81	Name			-
						(D.C. Care Number in Not Acceptable)		
	EY, JAMES N.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	RIVERVIEW BLVD. W			83		5 (3) (2) (4) (4) (7) (5) (5) (5) (5)	据標識法	11 64 13
BRAI	DENTON FL 34209			100		· · · · · · · · · · · · · · · · · · ·	* 85 Zip C	ode et et
		•		84	City	F	2ip C	due
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44 Durayant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the a	above-	named corp	on's board of directors. I hereby accept the appr	ollifilieni as ied	
agent. I ar	n familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Sta	itutes.		od whon reinstaling) DATE		
agent. I ar	n familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Sta	d Agent t			AND DIRECTO	RS IN 12
signature	n familiar with, and accept the oblig Signature, typed or printed name of registered ea	ations of, Section 607.0505, FI	orida Sta	d Agent t		od whon reinstaling) DATE		
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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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: