

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L18057** (4)

1. Corporation Name
KRATZERT RANCH, INC.



Principal Place of Business: **2400 PARK AVE SANFORD FL 32771**
Mailing Address: **2400 PARK AVE SANFORD FL 32771**

3. Date Incorporated or Qualified: **09/21/1989**
3a. Date of Last Report: **04/13/1995**
4. FEI Number: **59-2974647**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30 Country

9. Name and Address of Current Registered Agent
**KRATZERT, MINNIE
2400 PARK AVE
SANFORD FL 32771**

10. Name and Address of New Registered Agent
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 607.0102 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	DP KRATZERT, MINNIE B.	2400 PARK AVE	SANFORD FL	
	V PARK, EVIE MARIE	107 PINE NEEDLE LN	ALTAMONTE SPRINGS FL	<input type="checkbox"/> DELETE
	TS WEEKLEY, ELIZABETH ROSE	319 S ELLIOTT AVE	SANFORD FL	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Minnie B. Kratzert* President
Minnie B. Kratzert, President

Feb. 1, 1996 (407) 322-7767

CR2E034 (12/95)