

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004285 (9)**

1. Corporation Name

**BEV'S LITTLE BITTY RANCH, INC.**

Principal Place of Business

**2171 HYPOLUXO ROAD  
LANTANA FL 33462-3921**

Mailing Address

**2171 HYPOLUXO ROAD  
LANTANA FL 33462-3921**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

Country

**24**

**25**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**RYAN, JAMES D  
11891 U.S. HIGHWAY ONE, STE. 201  
NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified

**07/24/1997**

4. FEI Number

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RIDDLE, JOHN K</b>	
STREET ADDRESS	<b>C/O S.F.L. FAIR P.O. BOX 15915 (NA)</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33416-5915</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, MICHAEL G</b>	
STREET ADDRESS	<b>450 FICUS TREE DR.</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPEZ, RENE</b>	
STREET ADDRESS	<b>2171 HYPOLUXO ROAD</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462-3921</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPEZ, RENE JR</b>	
STREET ADDRESS	<b>3282 AMBER JACK</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SALAZAR, CAROL A</b>	
STREET ADDRESS	<b>3482 ARTESIAN AVE.</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Robert Dean Shorr</b>	
1.3 STREET ADDRESS	<b>10592 Bobbie Lane</b>	
1.4 CITY-ST-ZIP	<b>Royal Palm Beach, FL 33411</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Norman Carnell</b>	
2.3 STREET ADDRESS	<b>3100 Jog Rd.</b>	
2.4 CITY-ST-ZIP	<b>Greenacres, FL 33463</b>	

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Pat McCarty</b>	
3.3 STREET ADDRESS	<b>420 Clematis Street</b>	
3.4 CITY-ST-ZIP	<b>WPB, FL 33401</b>	

4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Jennifer Kirchnerstiner</b>	
4.3 STREET ADDRESS	<b>3282 Amber Jack Rd</b>	
4.4 CITY-ST-ZIP	<b>Lantana, FL 33462</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED

CR2E037 (10/97)