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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000092452 (9)

ELITE OSTRICH & EMU RANCH INC.

FILED Apr 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1000 EDISON AVE 1000 EDISON AVE JACKSONVILLE FL 32204 JACKSONVILLE FL 3220		2204	DO NOT WRITE IN T		
				Date Incorporated or Qualified 12/16/1994	
<u>⊢≕</u> `	Place of Business	2a. Mailing Address		4. FEI Number	✓ Applied For
Suite, Apt	# etc	Suite, Apt #, etc		59-3284933	Not Applicable
22	.,	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Z(p)	Country 25	Ζφ [29]	Country	8. This corporation owes or has paid the	
241	Name and Address of Curren		30	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
GR	HFFIN, PATTY B		81 Name		
1000 EDISON AVE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32204				ores (F.S. Box Hornock to Hot Abouptable)	
			83		
			84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	32 and 607 1508 Florida St	alules the above named co	progration submits this statement for the purpo-	FL 3 24 Code
office or n	egistered agent, or both, in the State	e of Florida, Such change w	as authorized by the corpor	orporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	or territor with and accept the territor	patients of, Section 1007.0000	, Florida Statutes.		
SIGNATURE	Signature, typed or preded name of registered up		NOTE: Registered Agent signature rec	pulsed whon reinstaling) DA	TE.
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
THEE NAME	GRIFFIN, PATTY B	DELETE.	1.5 THE		Change Addition
STREET ADDRESS	4900 SEABOARD AVE		1.2 NAME		
CITY-ST-ZIP	JACKSONVILLE FL 32210		1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	D	DELETE	21 TITLE		Change Addition
NAME	SCHWARTZ, CATHY G		2.2 NAME		
STREET ADDRESS	RT 2 BOX 398		2 3 STREET ADDRESS		
CITY+ST ZIP	HILLARD FL 32046		2 4 DITY-ST-ZIP		
TITLE	D CONTRACT TARES D ID	DETER	3 1 TITLE		Change Addition
NAME STORET ATMORES	GRIFFIN, JAMES D JR. 1000 EDISON AVE.		3 2 NAME		
STREET ADDRESS CITY+ST-7IP	JACKSONVILLE FL		3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		C. C
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZiF		·	4.4 CITY-ST-ZIP		
TIFLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHY-ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP 6.1 HILE		Change Addition
NAME		ב זיינוונ	6.2 NAME		LI Grange LI Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-ST-ZIP		
	Contracting the second contracting		0.1 0(1) - 0(1) 2(1		

Thereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.