

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED  
MAY 17 1996  
SECRETARY OF STATE

DOCUMENT # P95000002386 (7)

1. Corporation Name  
**EILEEN'S EMU RANCH, INC.**



Principal Place of Business: 9216 ALLWOOD PLACE ORLANDO FL 32825  
Mailing Address: 9216 ALLWOOD PLACE ORLANDO FL 32825

3. Date Incorporated or Qualified: 01/09/1995  
3a. Date of Last Report: [Blank]  
4. FEI Number: APPLIED FOR  
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 (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: SHARP, EILEEN M, 9216 ALLWOOD PLACE, ORLANDO FL 32825  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS (1-5) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1-6) tables with fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, or 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or in an attachment with an address.

SIGNATURE: [Signature] DATE: 11 May 96 467-273-3209

CR2E034 (12/95)