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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000034717 (5) **DOCUMENT #** 1. Corporation Name

HIDEAWAY ACRES EMU RANCH, INC.						
Principal Place	of Business	Mailing Address		-		131 1 5 161 115 11 1561 166 1
P O BOX 1 OVIEDO FL	1858 - 32765-1858	P O BOX 1858 OVIEDO FL 32765-1858	;			
				3. Date Incorporated or Qualified 04/28/1995	3a. Date of La	st Report
	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
	7 SETTLERS LOOP	26 P.O. BUX	621858	59-3312266		Not Applicable
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	~	.75 Additional ee Required
City & State		Oity & State 28	FL	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	itangible tax und	ers 199.032,
24 <u>3273</u>			30 USA	Florida Statutes X Yes		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent	<u>:</u>
A. 11-1	LILBAIDET E					
SMITH, MARGARET E 1137 SETTLER'S LOOP			82 Street Addi	ress (P.O. Box Number is Not Acceptabl	e)	
	VA FL 32732		83			
			84 City		FL 85	Zip Code
familiar wi	th, and accept the obligations of, Soctions	on 607.0505, Florida Statutes.	Registered Apent signature require		DATE	
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	<u>-</u>
TITLE NAME	DPT SMITH, STEPHEN P	בַ, טַ טַבַּנְבַיּנִ	1.2 NAME			ngo
STREET ADDRESS	1137 SETTLERS LOOP		1.3 STREET ADDRESS			
C TY-ST-7/P	GENEVA FL 32732		1.4 CITY+ST ZIP			
THE	DVS	DELETE	2 1 TITLE		☐ Cha	nge 🔲 Addition
NAME	SMITH, MARGARET E		2.2 NAME			
STREET ADDRESS	1137 SETTLER'S LOOP		2.3 STREET ADDRESS			
CITY-S1-ZIP	GENEVA FL 32732		2.4 CHY+SI+ZIP			
THLE		□ DETEJE	3 1 11TLE		☐ Cha	nge 🗌 Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS 3.4 City-St-Zip			
City-St-ZiP Tittf		[] DELETE	4 1 TITLE		Cha	nge Addition
NAME		_	4.2 NAME		_	
STREET ADDRESS	1		4.3 STREET ADDRESS			
CHTY - S1 - ZIP			4.4 CITY - ST - ZIP			
TILLE			4401.11.0 171			
		☐ DELETE	5 1 THUE		Cha	nge Addition
NAME		☐ DELETE			☐ Cha	nge Addition
NAME STREET ADDRESS		☐ DELETE	5 1 TITLE		☐ Cna	inge Addition
STREET ADDRESS CHY-ST-ZiP			5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-S1-7IP			
STREET ADDRESS CHY-ST-ZIP TITLE		☐ DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST-7IP 6 1 TITLE		☐ Cha	
STREET ADDRESS CHY-ST-ZiP			5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-S1-7IP			

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.

4-9-96 407/349-5-904