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 # P95000036684 (5)

LAST CHANCE RANCH, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address					r concludes con china dicti datis matili antili				
12495 148TH ROAD NORTH		12495 148TH ROAD NORTH									
PALM BEACH GARDENS FL 33418		PALM BEACH GARDENS FL 33418					DO NOT WRITE IN THIS SPACE				
						2	. Date Incorporated or Qualified		OFACE.		
						".	05/05/1995				
2. Principal Place of Business	<u> </u>	2a, Mailing Address				4.	. FEI Number		ΙΔ	pplied For	
21		26				"	65-0579276			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.								Additional	
22		27				5.	. Certificate of Status Desired			lequired	
City & State		City & State				6.	Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees		
_	Country	Zip	Co	untry	,	8.	. This corporation owes or has p	aid the cui	rent year In	ntangible	
24 25		29	30				Personal Property Tax due Jun	e 30.	Yes [□Ño	
	Address of Current Re	egistered Agent		1	T		Name and Address of New R	egistered	Agent		
EŁLIOTT, JENNIFE				81	Name	,					
12495 148TH ROA			82 Street Addi			P.O. Box Number is Not Accepta	ible)				
Palm B each Ga	RDENS FL 33418					-		,			
				83							
				84	City				ec 7in	Code	
				-	ľ			FL	1		
11. Pursuant to the provisions	of Sections 607.0502 ar	nd 607.1508, Florida	Statutes the a	bov	e-named	d corporatio	on submits this statement for the	purpose o	changing i	its registered	
agent. I am familiar with, a	nd accept the obligation	ns of, Section 607.0	e was authorize 505, Florida Sta	ea by	/ tne corp s.	rporation's t	board of directors. I hereby acce	ept the app	ointment as	registered	
SIGNATURE											
Signature, typed or prin	ited name of registered agent an		(NOTE: Registere	ed Age	nt signature	re required wher	n reinstating)	DATE	_		
12.	OFFICERS AND D		13.			· · · · · ·	ADDITIONS/CHANGES TO OFF	CERS AND			
TITLE		☐ DELI	1.1 T	ITLE					Change	Addition	
NAME ELLIOTT, JE			1.2 N	IAME							
STREET ADDRESS 12495 148T		1.3 STREET ADDRESS									
	H GARDENS FL 334			ITY-S	T-ZIP						
TITLE		L. DELI	TE 2.1 7	ITLE					Change	☐ Addition	
NAME			2.2 N	IAME							
STREET ADDRESS			2.3 S	TREET	ADDRESS						
CITY-ST-ZIP		·		CITY-S	ST-ZIP					į	
TITLE		☐ DELL	TE 3.1 T	ITLE				•	Change	☐ Addition	
NAME			3.2 N	AME						ļ	
STREET ADDRESS			3.3 S	TREET	ADDRESS						
CITY-ST-ZIP		· 		CITY-S	IT-ZIP						
TITLE		☐ DELE	TE 4.1 T	ITLE	7				Change	Addition	
NAME			4 2 1	NAME							
STREET ADDRESS			4.3 S	TAEET	address						
CfTY-\$T-ZIP				ITY-S	T-ZIP	<u></u>					
TITLE		☐ DELE	TE 5.1 TI	ITLE					Change	Addition Addition	
NAME			5.2 N	AME						•	
STREET ADDRESS			5.3 S	TREET	address .	1]	
CITY-ST-ZIP			5.4 C	ITY - S	1-ZIP	1					
TITLE		☐ DELE				<u> </u>	······································		Change	Addition	
NAME	,		6.2 N	AME					•		
STREET ADDRESS					ADDRESS					ļ	
CITY-ST-ZIP				ITY-S							

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, one an attachment with an address.