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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000020546 (3)

1. Corporation Name

ALLAPATTAH RANCH, INC.



Principal Place of Business

2090 PALM BEACH LAKES BLVD. STE 800
WEST PALM BEACH FL 33409

Mailing Address

2090 PALM BEACH LAKES BLVD. STE 800
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

65-0747507

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

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

Yes No

9. Name and Address of Current Registered Agent

CHILLINGWORTH, CHARLES C
2090 PALM BEACH LAKES BLVD. STE 800
WEST PALM BEACH FL 33409

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 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: typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

PD
NAME CHILLINGWORTH, CHARLES C
STREET ADDRESS 2090 PALM BEACH LAKES BLVD. STE 800
CITY-ST-ZIP WEST PALM BEACH FL 33409

1.2 NAME

VD
NAME CONWAY, JEANNE O
STREET ADDRESS 2090 PALM BEACH LAKES BLVD. STE 800
CITY-ST-ZIP WEST PALM BEACH FL 33409

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP
NAME HARMON, KIM T
STREET ADDRESS 2090 PALM BEACH LAKES BLVD. STE 800
CITY-ST-ZIP WEST PALM BEACH FL

1.5 CITY-ST-ZIP

1.6 CITY-ST-ZIP
NAME FEKETE, HELEN K
STREET ADDRESS 2090 PALM BEACH LAKES BLVD. STE 800
CITY-ST-ZIP WEST PALM BEACH FL

1.7 CITY-ST-ZIP

1.8 CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

1.9 CITY-ST-ZIP

1.10 CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

1.11 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 any 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.

SIGNATURE:

HELEN K. FEKETE

4/29/98

5/11/98

CR2E034 (10/97)