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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023813 (4)

MUSTANG RANCH USA, INC.

| MUSTAN | IG RANCH USA, INC. | | | | | | | | | |
|---|--------------------------------|---|--------------------|------|--|--|----------|--|--|--|
| Principal Place of Business Mailing Address | | | | | | O TOURINGON NIO TOTTO DETTY OUTS ORBITA DURING UNIO TERESO TRACE AGENT ALOUE TRACE TOUR | | | | |
| MUSTANG RAN 18808 BOYETTE LITHIA FL 3354 | RD. | MUSTANG RANCH 18608 BOYETTE RD. LITHIA FL 33547 | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | |
| | | | | | | | | | | |
| | | | | | | 03/11/1996 | | | | |
| 2. Principal Pla | ice of Business | 2s. Mailing Address | | | | 4. FEI Number Applied | | | | |
| 21 | | 26 | | | | 58-2236737 Not Ap | plicable | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired See Requir | | | | |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to F | | | | |
| Zip | Country 25 | Zip 29 | 30 Cou | ntry | | 8. This corporation owes or has paid the current year Intangi Personal Property Tax due June 30. Yes No | | | | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | | |
| HAR | LAN, MELVIN L | | | 81 | Name | | | | | |
| 1 | TANG RANCH 8 BOYETTE RD. | 82 | | | 2 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 1 | A FL 33547 | | | 83 | | | | | | |
| 1 | | | | 84 | City | FL 85 Zip Code | 9 | | | |
| 11. Pursuant to | the provisions of Sections 607 | 0502 and 607 1508, Florid | a Statutes, the al | oove | named corp | poration submits this statement for the purpose of changing its rec | stered | | | |

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.

| agon 1 | and tarminal that, and according the configurous or, econom | 1001.0000, 11011 | aa Olalolos. | | | | |
|-----------------|--|------------------|---------------------------------|---|---|------------|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | 0.011 5 | Registered Agent signature requ | uised when seinclature) | DATE | | |
| 12, | OFFICERS AND DIRECTORS | | 13. | ····· | S/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | DP | DELETE | 1,1 TITLE | 7.501,10,10,10,10 | Change | Addition | |
| NAME | HARLAN, MELVIN L | | 1.2 NAME | | | | |
| STREET ADDRESS | 18808 BOYETTE RD | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | LITHIA FL | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 2 1 TITLE | *************************************** | Change | ☐ Addition | |
| NAME | HARLAN, DIANNE N | | 22 NAME | | | | |
| STREET ADDRESS | 18808 BOYETTE RD | | 2 3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | LITHIA FL | | 2. 4 CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 3.1 TITLE | | . Change | Addition | |
| NAME | HOLTER, PATSY | | 3.2 NAME | | | | |
| STREET ADDRESS | 5405 HWY 39 SOUTH | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | PLANT CITY FL | | 3.4. CITY - ST - ZIP | | | | |
| TITLE | | DELETE | 4.1 TITLE | | ☐ Change | Addition | |
| NAME | • | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | | i | 4.4 CITY - ST - ZIP | | | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change | Addition | |
| NAME | | | 52 NAME | | | | |
| STREET ADORESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | ! | 5.4 CITY-ST-ZiP | | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change | ☐ Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-7IP | | | 64 CITY-ST-7IP | | | | |

14. I hereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corptication or the receiver of 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 any property or the control of the control of the corptication of the receiver of the receiver of the corptication of the receiver of the

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Apr 21 1998 8:00am

Secretary of State