## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000027555 (7)

**FILED** Apr 16 1997 8:00am Secretary of State

| AFRICA BLACK WING OSTRICH RANCH, INC.  Principal Place of Business Mailing Address  1199 EAST FOWLER DRIVE 1199 EAST FOWLER DRIVE DELTONA FL 32725 DELTONA FL 32725-6311   |  |   |  |  |   |                    |                             |  |
|--|--|---|--|--|---|--------------------|-----------------------------|--|
| VELIONA FL   | 3E1E9  | DELIGION FE 32/23/03/1  | •  |  | 3. Date Incorporated or Qualified                       | 3a. Date           | of Last R                   | eport                                  |
|  |  |   |  |  | 03/25/1996  |                    |                             |  |
| 2. Principal P   | lace of Business   | 26. Mailing Address<br>26. P. O. A                                  | )  | -211   | 4. FEI Number   |                    | ———·                        | plied For                              |
| 21   |  | 26 P. O. /S   | OX 3   | 5//  | 59-33 68 986  |                    | <del></del>                 | t Applicable                           |
| Suite, Apt.  | # etc.   | Suite, Apt #, etc.  |  |  | 5. Certificate of Status Desired                        |                    | \$8.75 /<br>Fee Re          | Additional<br>equired                  |
| City & State   | 0  | City State  28 JELTONA  | + F10  | RIDA   | Election Campaign Financing     Trust Fund Contribution |                    | \$5.00<br>Added             |  |
| Zip  | Country  | Zin   | Cour   | lry  | 8. This corporation has liability for i                 | ntangible ta       |                             |  |
| 24   | 25   | 29 31728  | 30 (   | XUSIA  |   | Yes 🗌              |                             | ******                                 |
|  | 9. Name and Address of Curre   | ent Registered Agent  |  |  | 10. Name and Address of New Re                          | gistered Ag        | ent                         |  |
|  | etzee, eben  |   | ľ  | 81 Name  |   |                    |                             |  |
|  | 9 EAST FOWLER DRIVE  |   | B2 Stre  |  | fress (P.O. Box Number is Not Acceptab                  | le)                |                             |  |
| DEL  | TONA FL 32725  |   | Į.   | B3   |   |                    |                             |  |
|  |  |   | 1  |  | ·   |                    |                             |  |
|  |  |   |  | 84 City  |   | FL                 | 85 Zip (                    | Code                                   |
| 11. Pursuant   | to the provisions of Sections 607 Of   | 502 and 607 1508. Florida Stati                                     | utes the ab  | ove-named cor  | poration submits this statement for the p               |                    | nanoing it                  | s registered                           |
| office or r<br>agent. Fa   | to the provisions of Sections 607.05 registered agent, or both, in the Sta im familiar with, and accept the obli | ite of Florida. Such change was<br>igations of, Section 607.0505, F | authorized<br>Iorida Statu   | by the corpora   | ition's board of directors. I hereby accep              | t the appoir       | itment as                   | registered                             |
| CHEST AND LITTE  |  |   |  |  |   |                    |                             |  |
| SIGNATURE  | Signature typed or printed name of registered a  | agent and title II applicable. (NC                                  |  |  | uired when reinstating)                                 | DATE               |                             |  |
| 12.  |  | ND DIRECTORS  | OTE: Registered  | Agent signature requ   |   | DATE<br>CERS AND D |                             |  |
| <b>12.</b><br>Title  | OFFICERS A   |   | 13.  | Agent signature requ   | uired when reinstating)                                 | DATE<br>CERS AND D | DIRECTOR<br>Change          | RS IN 12                               |
| 12.<br>TITLE<br>NAME   | D . COETZEE, EBEN  | NO DIRECTORS DELETE   | 13.<br>1.1 TII<br>1.2 NA   | Agent signature requ<br>E  | uired when reinstating)                                 | DATE<br>CERS AND D |                             |  |
| 12. THE NAME STREET ADDRESS  | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | NO DIRECTORS DELETE   | 13.<br>1.1 TIT<br>1.2 NA<br>1.3 STF  | Agent signature requ<br>E<br>ME<br>EET ADDRESS   | uired when reinstating)                                 | DATE<br>CERS AND D |                             |  |
| 12. THE NAME STREET ADDRESS CITY-ST-ZIP  | D . COETZEE, EBEN  | ND DIRECTORS DELETE   | 13.<br>1.1 TII<br>1.2 NA<br>1.3 STF<br>1.4 CII   | Agent signature requ  LE  ME  SEET ADDRESS  Y- ST- ZIP   | uired when reinstating)                                 | DATE<br>CERS AND D | Change                      | Addition                               |
| 12. THE NAME STREET ADDRESS CITY-ST-ZIP FILE   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | NO DIRECTORS DELETE   | 13. 1.1 TII 1.2 NA 1.3 STF 1.4 CIT   | Agent signature requ  E  ME  LEET ADDRESS  Y-ST-ZIP  LE  | uired when reinstating)                                 | DATE<br>CERS AND D |                             |  |
| 12. TITE NAME STREET ADDRESS CITY-ST-ZIP T-TLE NAME  | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | ND DIRECTORS DELETE   | 13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA  | Agent signature requ  E ME HEET ADDRESS Y-S1-ZIP LE ME   | uired when reinstating)                                 | DATE<br>CERS AND D | Change                      | Addition                               |
| 12. THE NAME STREET ADDRESS CITY-ST-7/P THE NAME STREET ADDRESS  | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | ND DIRECTORS DELETE   | 13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF   | Agent signature requ  E ME SEET ADDRESS Y - ST - ZIP LE ME SEET ADDRESS  | uired when reinstating)                                 | DATE<br>CERS AND D | Change                      | Addition                               |
| 12. TITLE NAME STREET ADDRESS CITY-ST-7IP T-TLE NAME   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | ND DIRECTORS DELETE   | 13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF   | Agent signature requ  LE  ME  LEET ADDRESS  Y-S1-ZIP  LE  ME  LEET ADDRESS  Y-S1-ZIP   | uired when reinstating)                                 | DATE CERS AND C    | Change                      | Addition                               |
| 12. THE NAME STREET ADDRESS CITY-ST-7/P THE NAME STREET ADDRESS CHY-ST-7/P   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | ND DIRECTORS DELETE DELETE  | 13. 1.1 TIT 1.2 NA 1.3 STI 2.1 TIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT  | Agent signature requ  E ME SEET ADDRESS Y-ST-ZIP ME SEET ADDRESS (Y-ST-ZIP) LE   | uired when reinstating)                                 | DATE CERS AND C    | Change                      | Addition  Addition                     |
| 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | ND DIRECTORS DELETE DELETE  | 13. 1.1 TIT 1.2 NA 1.3 STE 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STE 2.4 CI 3.1 TIT 3.2 NAI  | Agent signature requ  E ME SEET ADDRESS Y-ST-ZIP ME SEET ADDRESS (Y-ST-ZIP) LE   | uired when reinstating)                                 | DATE CERS AND C    | Change                      | Addition  Addition                     |
| 12.  NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | ND DIRECTORS DELETE DELETE  | 13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 2.4 CI 3.1 TIT 3.2 NA 3.3 STF  | Agent signature requ  E ME SEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS (Y-ST-ZIP) LE ME   | uired when reinstating)                                 | DATE CERS AND C    | Change                      | Addition  Addition                     |
| 12.  TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | ND DIRECTORS DELETE DELETE  | 13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 2.4 CI 3.1 TIT 3.2 NA 3.3 STF  | Agent signature requ  E ME ME ME METADDRESS Y-ST-ZIP  LE ME  | uired when reinstating)                                 | DATE CERS AND C    | Change                      | Addition  Addition                     |
| 12. TIFE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TIFE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | ND DIRECTORS  DELETE  DELETE  | 13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CI 3.1 TIT 3.2 NAI 3.3 STF 3.4 CF   | Agent signature required.  E ME   | uired when reinstating)                                 | DATE CERS AND C    | Change Change Change        | Addition  Addition                     |
| 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | ND DIRECTORS  DELETE  DELETE  | 13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 4.1 TIT 4.2 NAI 4.2 | Agent signature required.  E ME   | uired when reinstating)                                 | DATE CERS AND C    | Change Change Change        | Addition  Addition  Addition           |
| TIZ.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | DELETE  DELETE  DELETE  | 13. 1.1 III 1.2 NA 1.3 SIF 1.4 CIT 2.1 III 2.2 NAI 2.3 SIF 2.4 CI 3.1 TIT 3.2 NAI 3.3 SIF 3.4 CI 4.1 III 4.2 NAI 4.3 SIF   | Agent signature requ  E. ME ME MEET ADDRESS Y-ST-ZIP LE ME ME MET ADDRESS Y-ST-ZIP LE ME ME MET ADDRESS Y-ST-ZIP LE ME ME ME ME ME ME ME | uired when reinstating)                                 | DATE CERS AND C    | Change Change Change        | Addition  Addition  Addition           |
| 12.  THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | ND DIRECTORS  DELETE  DELETE  | 13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 4.1 TIT 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIT   | Agent signature requ  E. ME  | uired when reinstating)                                 | DATE CERS AND C    | Change Change Change        | Addition  Addition  Addition           |
| TIZ.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | DELETE  DELETE  DELETE  | 13. 1.1 III 1.2 NA 1.3 SIF 1.4 CIT 2.1 YII 2.2 NAI 2.3 STI 2.4 CI 3.1 TII 3.2 NAI 3.3 STI 4.1 TII 4.2 NA 4.3 STI 4.2 TII 4.2 NA 4.3 STI 5.1 TII 5.2 NA   | Agent signature requ  E. ME  | uired when reinstating)                                 | DATE CERS AND C    | Change Change Change        | Addition  Addition  Addition           |
| 12.  DITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADORESS CHY-ST-ZIP TITLE NAME STREET ADORESS CHY-ST-ZIP TITLE NAME STREET ADORESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | DELETE  DELETE  DELETE  | 13. 1.1 III 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 4.1 TIT 4.2 NA 4.3 STF 4.1 TIT 4.2 NA 4.3 STF 5.1 TIT 5.2 NAI 5.3 STF   | Agent signature requ  LE ME  | uired when reinstating)                                 | DATE CERS AND C    | Change Change Change        | Addition  Addition  Addition           |
| 12.  THE NAME STREET ADDRESS CHY-SI-ZIP   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | DELETE  DELETE  DELETE  DELETE                                      | 13. 1.1 III 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 4.1 TIT 4.2 NA 4.3 STF 4.1 TIT 4.2 NA 4.3 STF 5.1 TIT 5.2 NA 5.3 STF 5.4 CIT  | Agent signature requ  LE ME  | uired when reinstating)                                 | DATE CERS AND C    | Change Change Change Change | Addition  Addition  Addition  Addition |
| 12. TOTE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | DELETE  DELETE  DELETE  | 13. 1.1 III 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 4.1 TIT 4.2 NA 4.3 STF 4.1 TIT 5.2 NA 5.3 STF 5.4 CIT 5.4 CIT 6.1 TIT   | Agent signature requ  LE ME  | uired when reinstating)                                 | DATE CERS AND C    | Change Change Change        | Addition  Addition  Addition           |
| TILE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | DELETE  DELETE  DELETE  DELETE                                      | 13. 1.1 III 1.2 NA 1.3 STF 1.4 CIT 2.1 TII 2.2 NAI 2.3 STF 2.4 CIT 3.1 TII 3.2 NAI 3.3 STF 3.4 CIT 4.1 TII 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NA 5.3 STF 6.1 TIT 6.2 NA  | Agent signature requ  LE ME  | uired when reinstating)                                 | DATE CERS AND C    | Change Change Change Change | Addition  Addition  Addition  Addition |
| 12. THE NAME STREET ADDRESS CHY-ST-7/P FILE NAME STREET ADDRESS CHY-ST-7/P HITE NAME   | D COETZEE, EBEN 1199 EAST FOWLER DRIVE   | DELETE  DELETE  DELETE  DELETE                                      | 13. 1.1 III 1.2 NA 1.3 STF 1.4 CIT 2.1 TII 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NA 5.3 STF 6.1 TIT 6.2 NA 6.3 STF  | Agent signature requ  LE ME  | uired when reinstating)                                 | DATE CERS AND C    | Change Change Change Change | Addition  Addition  Addition  Addition |

report of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name near with an address. Lam an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or g

SIGNATURE: