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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 22 1997 8:00am

Secretary of State

## DOCUMENT # P9600064703 (7)

SANDHILL CRANE OF FLORIDA, INC.

Principal Place of Business Mailing Address 12830 SHADY HILLS ROAD 12830 SHADY HILLS ROAD SPRING HILL FL 34610 SPRING HILL FL 34610-8057 3. Date Incorporated or Qualified 3a. Date of Last Report 07/30/1996 4. FEI Number 344 66 67 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Cify & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032. Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DARVISH, MEHRDAD 81 12830 SHADY HILLS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34610 83 В5 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida 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 607.0305, Phyricia Statutes. 4-20-97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 THLE Addition TITLE PSD DARVISH, MEHRDAD NAME 1.2 NAMI 12830 SHADY HILLS ROAD STREET ADDRESS 1.3 STREET ADDRESS SPRING HILL FL 34610 C(TY-ST-ZIP 1.4 C(1Y-\$1-7)[ TITLE DELETE Change \_\_\_ Addition 2.1 THLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2 4 CITY-ST; ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CHY-S1-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STRELT ADDRESS CITY-ST-ZIP 4.4 CHY-S1-ZIP DELETE Addition TITLE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TITLE ☐ Change Addition 61 10 LE 900002202459 NAME 62 NAME -06/05/97--01013--016 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*165.00 CITY - ST - ZIP 64 CITY-ST-7IP

14. I do 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