

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

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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072260 (8)

1. Corporation Name
REBEL OAKS RANCH, INC.



Principal Place of Business 5422 THERESA ROAD TAMPA FL 33615-3812	Mailing Address 5422 THERESA ROAD TAMPA FL 33615-3812
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3. Date Incorporated or Qualified 08/29/1996	3a. Date of Last Report
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2. Principal Place of Business 21 3360 SW 17 AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 3360 SW 17 AVE Suite, Apt. #, etc.	4. FEI Number 59-3397245	Applied For Not Applicable
22 City & State OCALA FL	27 City & State OCALA, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 34474	28 Country USA	29 Zip 34474	30 Country USA
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LEHEW, JACK A 5422 THERESA ROAD TAMPA FL 33615-3812	10. Name and Address of New Registered Agent 81 Name ROSEMARIE PERMENTER 82 Street Address (P.O. Box Number is Not Acceptable) 3360 SW 17 AVE 83 84 City OCALA FL 85 Zip Code 34474
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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, with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Rosemarie Permenter* DATE **4-13-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	NAME PERMENTER, TOBY	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Tommy PERMENTER
STREET ADDRESS 3101 SW 34TH AVENUE	CITY-ST-ZIP OCALA FL 34474	1.2 NAME 3360 S.W. 17 AVE.	PRESIDENT.
TITLE <input checked="" type="checkbox"/> DELETE	NAME GIBBS, MARSHA	1.3 STREET ADDRESS OCALA, FL 34474	
STREET ADDRESS 3101 SW 34TH AVENUE	CITY-ST-ZIP OCALA FL 34474	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	BRAD ROHRBACHER
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME 723 S.E. 15 TERR.	V. P.
TITLE <input type="checkbox"/> DELETE	NAME	2.3 STREET ADDRESS OCALA, FL 34474	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ROSEMARIE PERMENTER
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME 3360 SW 17 AVE.	SEC.
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS OCALA, FL 34474	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosemarie Permenter, SEC* (ROSEMARIE PERMENTER) 4/13/97 352-854-1946

CR2E034 (9/96)