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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073538 (6)

FILED Feb 10 1998 8:00am Secretary of State

1. Corpora KRIEC	tion Name GER OSTRICH RANCH, INC). 			
Principal Pla	ace of Business	Mailing Address		. 100(120) 110 12/10 21/10 20/11 40/11 40/11 40/11	*#### 11096 Helwa 41(B) 4811 (BBI
2969 HIGHWAY 297A CANTONMENT FL 32533 CANTONMENT FL 32533		533	DO NOT WRITE IN TH	HO DDAOE	
				DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IIS SPACE
				09/04/1996	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3408194	Not Applicable
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	talo	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curr	29	30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
	RIEGER, LANCE B	INIT DAGISTATO AGAILL	81 Name	IV. Haine and Address of New Register	ed Agent
	1969 HIGHWAY 297A				
_	CANTONMENT FL 32533		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
•	Wall Olimetti i E SESSO		83		· · · · · · · · · · · · · · · · · · ·
			84 City	F	85 Zip Code
agent (E Signature, typed or posted name of registered	agent and title if applicable	, Florida Statutes. (NOTE Registered Agent signature requ	rporation submits this statement for the purpos ation's board of directors. I hereby accept the uired when reinsteting) DAT ADDITIONS/CHANGES TO OFFICERS	E
TITLE	I PST	AND DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	KRIEGER, LANCE B		1.2 NAME		
STREET ADDRESS	0000 1815/ 0074		1.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME	ì		2.2 NAME		
STREET ADDRESS	s		2.3 STREET ADDRESS		
CITY - ST - ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME	l		3.2 NAME		
STREET ADDRESS	s		3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	34 CITY-ST-ZIP		Change I Address
TITLE		□ Deffile	4 1 TITLE		Change Addition
NAME CERTE ADDRESS			4 2 NAME		
STREET ADDRESS	°		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	+	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADDRESS	s		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELFTE	6.1 TITLE		Change Addition
NAME	1		6.2 NAME		
STREET ADDRESS	s		6.3 STREET ADDRESS		
CITY-ST-ZIP	1		64 City-St-7/P		

14. Thereby 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 of 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 quantity, or on my attachment with an address.

SIGNATURE:

Kriech