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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

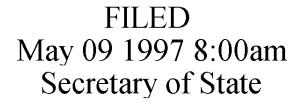
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089774 (9)

CANE BREAK RANCH, INC.

Principal Place of Business

Mailing Address





1715 DUNSFORD ROAD JACKSONVILLE FL 32207		1715 DUNSFORD ROAD JACKSONVILLE FL 32207-4205							
						3. Date Incorporated or Qualified 10/31/1996	3a . Da	ite of Last	Report
2. Principal Pl	ace of Business	2a. Mailing Address	28. Mailing Address			4. FEI Number			Applied For
21		[26]			59-344 2787			lot Applicable	
Sulte, Apt. :	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State)	City & State				6. Election Campaign Financing	F		D May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip Country		,	8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29]	30	.т				X No	
 	9. Name and Address of Curre	nt Registered Agent		81	Name -	10. Name and Address of New Re	gisterea	4gent	
	AH, JOHN			81	Name				
1715	DUNSPORD ROAD			82	Street Add	ess (P.O. Box Number is Not Acceptable)			
JACI	KSONVILLE FL 32207				ļ				
	•			83					
				84	1		FL	. ´	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Horida. Such change v	vas authoriz	ed ti	v the corpora	rporation submits this statement for the patients board of directors. Thereby acce	ourpose of pt the app	f changing jointment a	its registered as registered
SIGNATURE	Signature, typed or printed name of registered as				ent signature requ	uired when reinstating)	DATE		
12.		ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	DPST	DETELE	1.1	TITLE				Change	Addition
NAME	FARAH, JOHN MR.		1.2	NAME					
STREET ADDRESS	1715 DUNSFORD ROAD		1.3	STREE	LADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32207			CIIY-	S1 - Z/F		****		
TITLE		DELETE	21	TITLE				L Change	Addition
NAME			2.2	NAME	}				
STREET ADDRESS			23	STHEE	1 ADDRESS				
City-St-Zip					\$1 - ZIP				
TITLE		DELETE	3.1	THLE	1			L Change	noilibhA 🔲 e
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREE	1 ADDRESS				
CITY-ST-ZIP				** ~~ ** **	\$1-7IP				
TITLE		E] DELFTI	41	TILLE				Change	: L Addition
NAME			4 2	P NAM					
STREET ADDRESS			4.3	STREE	LADDRESS				
CITY-\$T-ZIP					S1 - ZIP			—	
TITLE		☐ DELETI	51	TITLE				Change	e [_] Addition
NAME			52	NAME					
STREET ADDRESS			5.3	\$1REE	1 AUDRESS				
CITY-ST-ZIP				CITY-	ST-ZIP				
TITLE		☐ DELET	6.1	TITLE]			Chang	e 🔲 Addition
NAME			G.2	NAME	1				
STREET ADDRESS			6.3	STREE	1 ADORESS				
CITY-ST-ZIP			6.4	CITY-	\$1-2(P				
14. I do here	by certify that the information suppli	ed with this filing does not supplemental angular repo	qualify for th	ie ex	emption stat	ed in Section 119.07(3)(i), Florida Statut	os. I furthe	er certify th	at the

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.