

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000000135 (8)

1. Corporation Name

RANELAGH ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3350 CHARLES MACDONALD DR. SARASOTA FL 34240		Mailing Address 3350 CHARLES MACDONALD DR. SARASOTA FL 34240	
2. Principal Place of Business 21 120 LITTLE WEKIVA CT Suite, Apt. #, etc. 22 City & State 23 LONGWOOD FLORIDA Zip 24 32779 Country 25 USA		2a. Mailing Address 26 120 LITTLE WEKIVA CT Suite, Apt. #, etc. 27 City & State 28 LONGWOOD FLORIDA Zip 29 32779 Country 30 USA	
3. Date Incorporated or Qualified 01/01/1997		4. FEI Number 65-0715568	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. Name and Address of Current Registered Agent PRIEST, ROSALIE F 3350 CHARLES MACDONALD DR. SARASOTA FL 34240		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 120 LITTLE WEKIVA COURT 83 84 City LONGWOOD FL 85 Zip Code 32779	

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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Rosalie F. Priest* ROSALIE F. PRIEST SECRETARY 4/21/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PRIEST, JOHN W
STREET ADDRESS		1.3 STREET ADDRESS	120 LITTLE WEKIVA COURT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PRIEST, ROSALIE F
STREET ADDRESS		2.3 STREET ADDRESS	120 LITTLE WEKIVA COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *John W. Priest* JOHN W. PRIEST 4/21/98 (407) 772-6623

CR2E034 (10/97)