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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700009236

1. Corporation Name

SPRING RANCH CORPORATION

Principal Place	e of Business	Maili	ng Address				T (ABI)(ABI 160)BUI COON D	18141 88111 EBILL 88111	6011A (8110 11908	31118 M\$11 10M3
100 N. BISCAYNE BLVD		100 N	100 N. BISCAYNE BLVD							
SUITE 1107			SUITE 1107			DO NOT WINTE IN THE SPACE				
MIAMI FL 33132			MIAMI FL 33132				DO NOT WRITE IN THIS SPACE			
บร		US					3. Date Incorporated or Qua	alited		
	<u> </u>						01/30/1997			
—	lace of Business	— — ·	Mailing Address				4. FEI Number		<u> </u>	plied For
21		26					65-0747932			t Applicable
Suite, Apt.	#, etc.	— —	Suite, Apt. #, etc.				5. Certifcate of Status Desir	ed 🗍	\$8.75 A Fee Re	
22		27	N: A A.				 			<u>-</u>
City & State	e	\vdash	City & State				Election Campaign Finan Trust Fund Contribution	cing 🔲	\$5.00 Added to	•
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Zip	Country	<u> </u>	ip	—	у		8. This corporation owes the	e current year in		□No
24	9. Name and Address of Currer	29		30			Personal Property Tax. 10. Name and Address of N	lew Registered		
	9. Name and Address of Curren	nt Kegistei	ied Agent	81	1 Na	me	IV. Hallie alle Address of I	ten regiones	, .g	
IAW	FIRM OF MANFRED ROSENOV	N. PA		L	110				<u> </u>	
	CORAL WAY	•, •, •		82	2 Sti	eet Addre	ess (P.O. Box Number is Not Ad	cceptable)		
	MI FL 33145			83	2					
i tanali	W 1 E 30 143			0.	•					
				84	4 Cit	y			85 Zip C	Code
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office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida	Such change was auf	thorized hi	v the r	ned corpo corporatio	oration submits this statement to in's board of directors. I hereby	accept the appoi	intment as reg	gistered
agent. I a	m familiar with, and accept the obliga	ations of, S	ection 607.0505, Florid	da Statute	S.		ŕ			
SIGNATURE										
	Signature, typed or printed name of registered age		······································		ent signa	iture required	d when reinstating)	DATE OF CERS AN	ID DIDECTO	 D\$ IN 12
12.	OFFICERS AN		TORS	13.		iture required	d when reinstating) ADDITIONS/CHANGES To			_
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: X

CITY-ST-ZIP