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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000018434

1. Corporation Name

EDDY'S RANCH, INC.

		·		· ···		
Principal Place of Business Mailing Address						
13010 SW 19TH DR 13010 SW 19TH DR						
MIRAMAR FL 33027 MIRAMAR FL 33027						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
2 Principal F	Place of Rusiness	2= Mailing Address			02/27/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
Suite Apt # etc		26			65-0744320 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired - \$8.75 Additional	
City & Stat	to.	City & State			Fee Required	
-		— ·			6. Election Campaign Financing \$5.00 May Be	
Zip	Country		Cour	·	Trust Fund Contribution Added to Fees	
24	25		Coun	u y	8. This corporation owes the current year Intangible	
24]	9. Name and Address of Curre	29	30		Personal Property Tax. No 10. Name and Address of New Registered Agent	
	3. Nume and Address of Curre	nt Registered Agent	 ,	31 Name	10. Name and Address of New Registered Agent	
HER	rera, eduardo		Ľ	- Italia	•	
13010 SW 19TH DR MIRAMAR FL 33027			[8	32 Street A	ddress (P.O. Box Number is Not Acceptable)	
			-	33		
			'	33		
			1	34 City	85 Zip Code	
					orporation submits this statement for the purpose of changing its registered	
SIGNATURE	Signature, typed or printed name of registered ag			gent signature req	uured when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D EDUADO	☐ DELETE	1.1 Title		☐ Change ☐ Addition	
NAME	HERRERA, EDUARDO		1.2 NAM	E		
STREET ADDRESS	13010 SW 19TH DR		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33027		1.4 CITY			
TITLE	0	☐ DELETÉ	2.1 TITLE		☐ Change ☐ Addition	
NAME	HERRERA, MARY C		2.2 NAM	E	•	
STREET ADDRESS	13010 SW 19TH DR		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33027		2. 4 CITY			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME	-		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS	·	
CITY-ST-ZIP			4.4 CITY-	ŞT-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS				ET ADORESS	;	
CITY-ST-ZIP		□ N5: 5==	5.4 CMY-			
TITLE		☐ DELETE	6.1 TITLE	-	☐ Change ☐ Addition	
NAME			6.2 NAME	i		
STREET ADDRESS			6.3 STRE	ET ADDRESS		

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

FILED

Feb 19, 1999 8:00am

Secretary of State

02-19-1999 90050 013 ***150.00