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 # P97000099736 (5)

P. D. RANCHES, INC.

Principal	Place	of	Business
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Mailing Address

1959 CLIDESDALE ROAD

1959 CLIDESDALE ROAD

FILED Apr 28 1998 8:00am Secretary of State



LOXAHATCHEE FL 33470		LOXAHATCHEE FL 33470		DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualified				
			-			11/24/1997				
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26				65-8799099			t Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apl. #, etc. 27				5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State		City & State				6. Election Campaign Financing	\$5	5.00	May Be	
23		28				Trust Fund Contribution	,		o Fees	
Zip	Country	Zip	Cou	intry	,	8. This corporation owes or has paid the cur	rent ye	ar Inta	angible	
24	25	29	30				Yes] No	
	9. Name and Address of Current	t Registered Agent		L.,		10. Name and Address of New Registered	Agent			
AM	erilawyer			81	Name					
	ALMERIA AVENUE			B2	Street Addr	ress (P.O. Box Number is Not Acceptable)	 -			
	RAL GABLES FL 33134			83						
				84	City		85	Zip C	Code	
					0,	FL	. "			
agent. I as SIGNATURE	n familiar with, and accept the obligation of th	ations of, Section 607.0505, F	lorida Sta	utes	S.	tion's board of directors. I hereby accept the app				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12	
TITLE	PTD	DELETE	1.1 TI	TLE			☐ Ch		Addition	
NAME	WENTZKA, PATRICIA		1.2 N	4ME						
STREET ADDRESS	1959 CLIDESDALE ROAD		1.3 S	REET	ADDRESS					
CITY-ST-ZIP	LOXAHATCHEE FL 33470		1		17 - ZIP					
TITLE	VSD	☐ DELE TE	2.1 TI				Ch	ange	Addition	
NAME	WENTZKA, DAVID		2.2 N	AME	Ì					
STREET ADDRESS	1959 CLIDESDALE ROAD		2.3 S	REET	ADDRESS	. •				
CITY-ST-ZIP	LOXAHATCHEE FL 33470		2.40	(TY - S	ST - ZIP					
TITLE		☐ DELETE	3.1 (1	1LE			Ch	ange	Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 S	REET	ADDRESS					
CITY-ST-ZIP			3.4. 0	ITY-S	ST - ZIP					
TITLE		☐ DELETE	4.1 []	TLE			☐ Ch	ange	Addition	
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 S	IRFET	ADDRESS					
CITY-ST-ZIP					T-ZIP		_			
TITLE		☐ DELETE	5.1 Ti				☐ Ch	ange	Addition	
NAME			5.2 N	ME						
STREET ADDRESS			5.3 S	REET	ADDRESS					
CITY-ST-ZIP				·	17 - ZIP					
TITLE		☐ DELETE	6.1 TI	1LE			L Ch	ange	Addition	
NAME			6.2 N	AME						
STREET ADDRESS			63 S	REET	ADDRESS					
CITY-ST-ZIP			640	TY-S	I-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 or an attachment with an address