


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 23, 1999 8:00 am**  
**Secretary of State**

08-23-1999 90005 034 \*\*\*550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>																									
<b>DOCUMENT # P98000052324</b>																											
1. Corporation Name <b>SOUTH RANCH, INC.</b>																											
Principal Place of Business <b>4435 OLD WINTER GARDEN ROAD</b> <b>ORLANDO FL 32802</b>		Mailing Address <b>4435 OLD WINTER GARDEN ROAD</b> <b>ORLANDO FL 32802</b>																									
DO NOT WRITE IN THIS SPACE																											
2. Principal Place of Business 21 <b>433 PLAZA REAL</b> Suite, Apt. #, etc. 22 <b>#275</b> City & State 23 <b>BOCA RATON FL</b> Zip Country 24 <b>33432 US</b>		2a. Mailing Address 26 <b>4500 WINTER IND. ESTATES</b> Suite, Apt. #, etc. 27 City & State 28 <b>NIAGARA FALLS, NY</b> Zip Country 29 <b>14305-1386 US</b>																									
3. Date Incorporated or Qualified <b>06/11/1998</b>		4. FEI Number <b>06-1521485</b>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
9. Name and Address of Current Registered Agent <b>BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.</b> <b>4435 OLD WINTER GARDEN ROAD</b> <b>ORLANDO FL 32802</b>		10. Name and Address of New Registered Agent 81 Name <b>THOMAS KORPOLINSKI</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>407 PLAZA REAL</b> 83 <b>MILNER PARK</b> 84 City <b>BOCA RATON</b> <b>FL</b> 85 Zip Code <b>33432</b>																									
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 <i>Thomas Korpolinski</i> <b>THOMAS KORPOLINSKI</b> DATE <b>8/10/99</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE  <b>D President</b> <input type="checkbox"/> DELETE            NAME  <b>KORPOLINSKI, THOMAS</b>            STREET ADDRESS  <b>678 SARA COURT</b>            CITY-ST-ZIP  <b>LEWISTON NY 14092</b> </td> <td style="width:50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> <tr> <td>           TITLE  <b>Vice President/Secy.</b> <input type="checkbox"/> DELETE            NAME  <b>QUARANTILLO, NICHOLAS</b>            STREET ADDRESS  <b>5121 OAK HILL DRIVE</b>            CITY-ST-ZIP  <b>LEWISTON, NY 14092</b> </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> <tr> <td>           TITLE              <input type="checkbox"/> DELETE            NAME                          STREET ADDRESS                          CITY-ST-ZIP                </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> <tr> <td>           TITLE              <input type="checkbox"/> DELETE            NAME                          STREET ADDRESS                          CITY-ST-ZIP                </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> <tr> <td>           TITLE              <input type="checkbox"/> DELETE            NAME                          STREET ADDRESS                          CITY-ST-ZIP                </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> <tr> <td>           TITLE              <input type="checkbox"/> DELETE            NAME                          STREET ADDRESS                          CITY-ST-ZIP                </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> </table>		TITLE <b>D President</b> <input type="checkbox"/> DELETE NAME <b>KORPOLINSKI, THOMAS</b> STREET ADDRESS <b>678 SARA COURT</b> CITY-ST-ZIP <b>LEWISTON NY 14092</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <b>Vice President/Secy.</b> <input type="checkbox"/> DELETE NAME <b>QUARANTILLO, NICHOLAS</b> STREET ADDRESS <b>5121 OAK HILL DRIVE</b> CITY-ST-ZIP <b>LEWISTON, NY 14092</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> DELETE NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> DELETE NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> DELETE NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> DELETE NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	13. 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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.																											
SIGNATURE: <i>Thomas Korpolinski</i> <b>THOMAS KORPOLINSKI</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>8/17/99</b> Daytime Phone # <b>716-874-8870</b>																									

CR2E034 (5/99)