

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000100046

1. Corporation Name
DARK HAMMOCK RANCHES, INC.

Principal Place of Business
7800 PETERS RD., #B-100
PLANTATION FL 33324

Mailing Address
7800 PETERS RD., #B-100
PLANTATION FL 33324

99 JUL 26 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03-08-99 90075007 \$150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/24/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number Applied for	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes the current year Intangible Personal Property	Yes No
25	Country	30	Country	8. This corporation owes the current year Intangible Personal Property	

FINE, STEVEN P.A.
109 S.E. 9TH ST.
FT. LAUDERDALE FL 33316

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	WINSTON, BRADLEY	1.2 NAME	
STREET ADDRESS	7800 PETERS RD., #B-100	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CORNELIUS, DAVID	2.2 NAME	
STREET ADDRESS	GREEN HILLS, INC., 601 SE 128TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BERGER, PHILIP	3.2 NAME	
STREET ADDRESS	CALDWELL BANKER, 800 S. PARROTT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.20.99

954.475.9664

Date

Daytime Phone #

CR2E034 (5/99)

LAW OFFICES

BRADLEY WINSTON, P.A.

7900 Peters Road • Suite B-100 • Plantation, FL 33324 • (954) 475-9666

Bradley Winston
Board Certified Civil Trial Lawyer

Of Counsel:
Steven Fine

Personal Injury
Medical Malpractice
Wrongful Death

July 1, 1999

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Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS
P. O. Box 6327
Tallahassee, FL 32314

RE: Dark Hammock Ranches, Inc.
Corporation #P98000100046

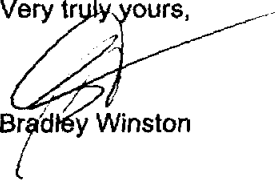
Dear Ms. Harris:

I have received a "second notice" for this corporation's 1999 annual report packet and filing fee. Attached is a copy of the negotiated check from my operating account, which shows that this requirement was previously complied with on February 23, 1999.

Please edit the state records accordingly.

Should you require anything further, please contact me at the above telephone number.

Very truly yours,


Bradley Winston

BW/cjc
Enclosures