

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 1:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *JD 780*
 1. Corporation Name
ARIZONA RANCH, INC.

Principal Place of Business Mailing Address
10 MARTIN L. SCHECKNER CPA **SAME**
7201 SW 110 TERRACE
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	10/15/90	65-0220953	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Country	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
SCHECKNER, MARTIN L. CPA
7201 SW 110 TERRACE
MIAMI, FL 33156

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	SEE NEW ADDRESS TO
83 City	LEFT
84 City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BORRENBERG, CARRY	
STREET ADDRESS	1500 SAN REMO AVE #235	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1000027014
2.3 STREET ADDRESS	-12/03/98-01042-005
2.4 CITY-ST-ZIP	***165.00 ***165.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ DATE: **11/15/98** DAYTIME PHONE #: **305 703911**

CFR2E034 (5/98)

(2)

Martin L. Scheckner, CPA

7201 SW 110 Terrace
Miami, FL 33156
(305) 710-3911 (305) 668-3550 FAX
E-mail fraudcpa@earthlink.net

November 18, 1998

Sandra B. Mortham
Secretary of State
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Mortham:

Please find enclosed the completed annual report for Arizona Ranch, Inc. Please be advised that I did not receive prior copies of the Annual report. I contacted your department last month and inquired about the status of the company. The reason for the delinquent nature of the filing is that my mailing address has changed three to four times in the last 6 months. This resulted from a partnership dissolution. A number of pieces of mail were either delayed or not delivered. The annual report for the above corporation was one of them.

The form has always been filed timely in the past and will be filed timely in the future. The person I spoke with in your office indicated that you might be able to waive the late filing penalty. I just today received the blank forms and am filing forthwith. It is not the taxpayers fault that this form was late. I and the taxpayer would be grateful if you would please waive the late filing penalty and accept the check for \$165 enclosed.

Sincerely,



Martin L. Scheckner