

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V05194 (8)**

1. Corporation Name
JOAQUIN OSTRICH RANCH, INC.



Principal Place of Business: **7498 OLD U.S. 90 LANE SNEADS FL 32460**
Mailing Address: **7498 OLD U.S. 90 LANE SNEADS FL 32460**

3. Date Incorporated or Qualified: **01/08/1992**
3a. Date of Last Report: **09/25/1995**
4. FEI Number: **51-3112784**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. City & State
23. City & State
24. Zip Country
25. Zip Country

9. Name and Address of Current Registered Agent
**-MCINTOSH, GARY JOAQUIN JR.
7498 OLD U.S. 90 LANE
SNEADS FL 32460**

10. Name and Address of New Registered Agent (81-85)
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 _____ DATE _____
Signature typed or printed name of registered agent and date (date for Florida Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS
1. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is accurate, furnished and does not qualify for the exemption stated in Section 119.07(1)(c), Florida Statutes, further certify that the information indicated on this annual report or supplement to 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: *GARY JOAQUIN MCINTOSH JR* DATE: *9/6 90/5935197*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)