FILE NOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 01 1998 8:00ar Secretary of State	
	MENT # V34688 NAME ET RANCHES OF FLORIDA,				
Principal Place of Business 13754 DESERET LANE ST CLOUD FL 34773		Mailing Address 13754 DESERET LANE ST CLOUD FL 34773		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifie 05/08/1992	d
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65-0370859	Applied For Not Applicab
Suite, Apl.	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Zip 29	Country 30	8. This corporation owes or has Personal Property Tax due Ju	ne 30. 🙀 Yes 🗌 No
(۵).	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New	Registered Agent
137	754 DESERET LANE		82 Street Ad	dress (P.O. Box Number is Not Accept	lable)
13754 DESERET LANE ST CLOUD FL 34773			83		·
••					
			84 City		EI 85 Zip Code
11. Pursuant i	to the provisions of Sections 607,0502	and 607.1508, Florida Sta		propration submits this statement for the	FLI
	to the provisions of Sections 607.0502 egistered agent, or both, in the State o in familiar with, and accept the obligati	and 607.1508, Florida Sta f Florida: Such change wa ions of, Section 607.0505,		propration submits this statement for the accuration's board of directors. I hereby accurate the statement for the statement of directors accurate the statement for sta	FLI
SIGNATURE	Stonature, typed or printed name of rugisteriol agest	and the if applicable (N	tutes, the above-named co is authorized by the corpor Florida Statutes.	uired whon reinstating)	FL e purpose of changing its registered copt the appointment as registered
SIGNATURE	Stgnature, typed or printing name of rugisterind agent OFTICERS AND	and the if applicable (N	lutes, the above-named co is authorized by the corpor Florida Statutes.	uired whon reinstating)	FL
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of trajisterind agent OFFICERS AND P GENHO, PAUL C	and title if applicable (NDIRE CTORS	tutes, the above-named co is authorized by the corpor Florida Statutes. IOTE Registered Agent signature req 13. 1.1 TifLE 1.2 NAME	uired whon reinstating)	FL
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