

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 # **286098** (9)

1. Corporation Name
RANCH AND GROVE HOLDING CORP



Principal Place of Business: 1375 BUENA VISTA DR, 4 FLR N, LAKE BUENA VISTA FL 32830 US
Mailing Address: 500 SOUTH BUENA VISTA STREET, BURBANK CA 91521-0340 US

3. Date Incorporated or Qualified: 10/14/1964
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 500 SOUTH BUENA VISTA STREET	95-2408062	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fees Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28 BURBANK, CA	<input type="checkbox"/>	
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29 91521-0586	30 USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
IOPPOLO, FRANK S. 1375 BUENA VISTA DR 4 FLR N LAKE BUENA VISTA FL 32830		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, FARRIS E.	1.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	1.4 CITY-ST-ZIP	
TITLE	EVD <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JUDSON C.	2.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IOPPOLO, FRANK S	3.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L.	4.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	5.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: MARSHA L. REED *Marsha L. Reed* 4/16/96 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)