

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 11 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 286098 (9)**  
1. Corporation Name: **RANCH AND GROVE HOLDING CORP.**



Principal Place of Business <b>1375 BUENA VISTA DR 4 FLR N LAKE BUENA VISTA FL 32830 US</b>	Mailing Address <b>500 SOUTH BUENA VISTA STREET BURBANK CA 91521-0001 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/14/1964</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	22 City & State	26 <b>500 S. Buena Vista St.</b>	27 <b>Burbank, CA</b>	4. FEI Number <b>95-2408082</b>	Applied For Not Applicable
24 Zip	25 Country	29 <b>91521-0586</b>	30 <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>IOPPOLO, FRANK S. 1375 BUENA VISTA DR 4 FLR N LAKE BUENA VISTA FL 32830</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
		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	<b>VT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARPENTER, FARRIS E.</b>	1.2 NAME	
STREET ADDRESS	<b>1375 BUENA VISTA DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>	1.4 CITY-ST-ZIP	<b>32830</b>
TITLE	<b>EVD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GREEN, JUDSON C.</b>	2.2 NAME	
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	2.4 CITY-ST-ZIP	<b>91521</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>IOPPOLO, FRANK S</b>	3.2 NAME	
STREET ADDRESS	<b>1375 BUENA VISTA DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>	3.4 CITY-ST-ZIP	<b>32830</b>
TITLE	<b>ASD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REED, MARSHA L.</b>	4.2 NAME	
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	4.4 CITY-ST-ZIP	<b>91521</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LITVACK, SANFORD M</b>	5.2 NAME	
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	5.4 CITY-ST-ZIP	<b>91521</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>AT</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Anne L. Buettner</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>500 S. Buena Vista St. Burbank, CA 91521</b>

14. I do 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: **Marsha L. Reed** *[Signature]* (818) 560-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)