2004 FOR PROFIT CORPORATION

المستحارين ومييد

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ANNUAL REPORT				Feb 12, 2004 08:00 A			
DOCU	MENT # P99000011			Sec	retary	of State	
	MER RANCH & CATTLE CC	MPANY					
Principal Plac	ce of Business	Mailing Address					
20999 COUL LABELLE, FL		312 SE 17TH ST., STE. 300 FT. LAUDERDALE, FL 33316					
	O NOT WRITE	IN TLIC COA		01192004	No Chg-P	CR2E034 (1	10/03)
1				4. FEI Numbe 65-089		· · · · · · · · · · · · · · · · · · ·	Applied For Not Applicable
				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current F	egistered Agent		ni danimanany m		na anicacanasca	
	CHARLES L			DO	NOT W	AITE	
312 SE 17TH ST., STE. 300 FT. LAUDERDALE, FL 33316				ikalamangkalamber keropolik	THIS SE	ininiin marayayay	Andries de la companio
	e named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	orida. I am famili	ar with, and accept
SIGNATURE.	Signature typed or printed name of registered agent an	d title if applicable. (NOTE, Registers	d Agent signature required	whon reinstating)		CATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	Section Campaign Final Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND D	IRECTORS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,,1 - 12 12 12 12 12 12 12 12 12 12 12 12 12	
TITLE	DPST						
NAME STREET ADDRESS	PALMER, CHARLES L 312 SE 17TH ST.,STE 300						
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316					14777	
TITLE		-			02/12/04	-8005i-01	4 (50.00
NAME STREET ADDRESS							Maria Paris
CITY-ST-ZIP							
TITLE				u kaka in dinawakia: Dina	erenista en la companya de la compa		
NAME							
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NAME OTREET ADDRESS						min ninii ii ii ii ii	
STREET ADDRESS CITY-ST-ZIP							
TITLE		<u> </u>		ra vigi liano. Ngjara da arti	Sandan Arra California		
NAME STREET ADDRESS				Harrist H	Telephin		44.24
CITY-ST-ZIP		<u> </u>	ું કે એક એક કે માટે કરો છે. જ ફેલ્સું અને કે માટે ક	i sahini sai Mgi mga int			
TITLE							Assessing the contraction of the

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

CHARLES L. PALMED AND TYPED OF REPORTED NAME OF SIGNING OFFICER OR DIRECTOR

463-0681

Daytime Phone #