

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 # **388492** (1)

1. Corporation Name
INDIAN TRAIL HARVESTERS, INC.



Principal Place of Business: 18230 70TH ST NORTH, P.O. BOX 1057, LOXAHATCHEE FL 33470-8057
Mailing Address: 18230 70TH ST NORTH, P.O. BOX 1057, LOXAHATCHEE FL 33470-8057

3. Date Incorporated or Qualified: 09/16/1971
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24), Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29), Country (30)

4. FEI Number: 59-1361221
Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent
**WALSEY, CHARLES C
123 SEVILLA AVENUE
ROYAL PALM BCH FL 33411**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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

FILE	PD	<input type="checkbox"/> DELETE
NAME	COWAN, IRVING	
STREET ADDRESS	AIA HWY	
CITY-ST-ZIP	HOLLYWOOD FL	
FILE	VD	<input type="checkbox"/> DELETE
NAME	GRIFFITH, DON	
STREET ADDRESS	11152-81ST ST. N.	
CITY-ST-ZIP	LAKE PARK FL	
FILE	DS	<input type="checkbox"/> DELETE
NAME	WALSEY, CHARLES	
STREET ADDRESS	123 SEVILLA AVENUE	
CITY-ST-ZIP	ROYAL PALM BCH, FL 00000	
FILE	AS	<input type="checkbox"/> DELETE
NAME	GILBERT, ARAH C	
STREET ADDRESS	5108 206TH TERR	
CITY-ST-ZIP	LOXAHATCHEE FL	
FILE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
FILE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Charles C. Walsey* 2/16/96 (407) 793-3553
DATE: _____ DAY/TIME PHONE # _____

CR2E034 (12/95)