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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

	1996	DIVISION	OF CORPORATIONS		
DOCUN 1. Corporation	Name	97 (3)			
FEHKI	S FARMS, INC.			A DEGIAL CHARE THE BUILD OF	(II) JĀRI RIRIS RIRIS RIRIS RIDIS ALDIS DIRIS DIRIS ITAS
Principal Place of	of Business	Mailing Address			
*U-S-HWY-4		- U S HWY 41-4			
+ P O BOX 90	09	P O BOX 909			
FLORAL CIT US	IY FL 34436	FLORAL CITY FL : US	34436	3. Date Incorporated or Qualified	3a. Date of Last Report
		US		09/25/1973	05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address	and	4. FEI Number	Applied For
1 76 0 Suite, Apt. #	7 s. Florida	Suite, Apt. #, etc.	909	59-1488932	Not Applicable
	eol city	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28 Flore	C174	Trust Fund Contribution	Added to Fees
7 Zp 344	26 Country	Zip	Country	8. This corporation has liability for	
4 844	9. Name and Address of Curre	nt Registered Agent	30 C/7XVS	Florida Statutes Yes 10. Name and Address of New F	□ No
	5. Name and Address of Carre	in registered Agent	81 Name	10. Name and Address of New P	legistered Agent
POWE	L, J. N JR			10.0	
	HWAY-41-8		82 Street Add	dress (P.O. Box Number is Not Acceptable (P.O. Box Number is Number is Not Acceptable (P.O. Box Number is	AVE
	L CITY FL 34436		83	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
FLUKAL	LUIITEL 34430) I		
FLURAL	LUIT FL 34430		84 City		as Zo Codo
			84 City =	lonal city	FL 85 Zip Code 3 4436
11. Pursuant to	the provisions of Sections 607 050	2 and 607.1508, Florida Stat	utes the above-named corro	on a / C/T// pration submits this statement for the pure	FL 34436
11. Pursuant to or registered	the provisions of Sections 607 050	ida. Such change was autho	utes, the above-named corporated by the corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appoint	FL 34436
11. Pursuant to or registere familiar with SIGNATURE	o the provisions of Sections 607.050 d agent, or both, in the State of Flor n, and accept the obligations of, Sec	ida. Such change was autho	tutes, the above-named corporation's boates.	ard of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. I am
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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: SIGNATURE

AIFROID TO HONNOW 4/10/96 312-637-3870