


FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90006 027 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F98000000695** ✓

1. Corporation Name
VILLAGE FARMS, INC.

Principal Place of Business 10 ALVIN COURT EAST BRUNSWICK NJ 08816	Mailing Address 10 ALVIN COURT EAST BRUNSWICK NJ 08816
--	--



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/05/1998	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 22-3561428	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANZEYST, ALBERT	1.2 NAME	
STREET ADDRESS	10 ALVIN COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ	1.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, LAURENCE H	2.2 NAME	
STREET ADDRESS	10 ALVIN COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, J K	3.2 NAME	
STREET ADDRESS	10 ALVIN COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGIGLIO, MICHAEL	4.2 NAME	
STREET ADDRESS	10 ALVIN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTANTI, THOMAS	5.2 NAME	
STREET ADDRESS	10 ALVIN COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECK, EILENE	6.2 NAME	HOLLANDER, KENNETH S.
STREET ADDRESS	10 ALVIN COURT	6.3 STREET ADDRESS	10 ALVIN COURT
CITY-ST-ZIP	EAST BRUNSWICK NJ	6.4 CITY-ST-ZIP	EAST BRUNSWICK NJ 08816

14. I 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: SIGNATURE REQUIRED Date **7/17/99** 732-732-8200 Daytime Phone #

CR2E034 (5/99)