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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J17068

1. Corporation Name
CLABROOK FARMS, INC.

Principal Place of Business	Mailing Address
26205 E HWY 50 CHRISTMAS FL 32709	26205 E HWY 50 CHRISTMAS FL 32709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/02/1986

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 877
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Christmas, FL (Orange Co.)
Zip 24 Country 25	Zip 29 32709-0877 Country 30 USA

4. FEI Number: 58-1685445 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KAGAN, JACOB 26205 E HWY 50 CHRISTMAS FL 32709	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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	VP	☐ DELETE	1.1 TITLE	Vice President / Secretary	☒ Change ☐ Addition
NAME	KAGAN, JACOB		1.2 NAME	Jacob Kagan	
STREET ADDRESS	213 ROYAL OAKS CIR		1.3 STREET ADDRESS	213 Royal Oaks Circle	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	☐ DELETE	2.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	BROOKS, WAYNE		2.2 NAME	Wayne Brooks	
STREET ADDRESS	26205 E HWY SO		2.3 STREET ADDRESS	5008 Taylor Creek Road	
CITY-ST-ZIP	CHRISTMAS FL		2.4 CITY-ST-ZIP	Christmas, FL 32709	
TITLE	D	☐ DELETE	3.1 TITLE	Assistant Treasurer	☒ Change ☐ Addition
NAME	BROOKS, SHANE		3.2 NAME	Shane Brooks	
STREET ADDRESS	26208 E HWY SO		3.3 STREET ADDRESS	5023 Taylor Creek Road	
CITY-ST-ZIP	CHRISTMAS FL		3.4 CITY-ST-ZIP	Christmas, FL 32709	
TITLE	P	☐ DELETE	4.1 TITLE	President	☒ Change ☐ Addition
NAME	RANOT, SHLOMO		4.2 NAME	Shlomo Ranot	
STREET ADDRESS	PO BOX 33388		4.3 STREET ADDRESS	39 Pardes Meshutaf	
CITY-ST-ZIP	TEL-AVIV IS		4.4 CITY-ST-ZIP	Raanana, Israel 43355	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Shlomo Ranot 1/15/99 (407) 568-1354 ext. 12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)