FILE NOW FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M65747 1. Corporation Name

REDLAND "L" FARMS INC.

FILED Jan 21, 1999 8:00am Secretary of State

01-21-1999 90046 040 ***150.00



Principal Place of Business Mailing Address						E INDIABUL IIM BILBI DITIL IBULA BIBIL IBUL BERILIA	ikii minis Aidil minis Albit inni
19890 S.W. 272 ST.		198	90 S.W. 272 ST.				
HOMESTEAD FL 33031			MESTEAD FL 33031				
US .		US				DO NOT WRITE IN THIS	SPACE
						3. Date Incorporated or Qualifed	
						01/25/1988	
2. Principal Place of B	usiness 🚡	2a.	Mailing Address		·	4. FEI Number	Applied For
н		26				65-0047348	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75	\$8.75 Additional
22		27	•			5. Certificate of Status Desired	Fee Required
City & State	PORTE CO.		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country		Zip	Country	,	8. This corporation owes the current year Inta	angible
24	25	29	30] _		Personal Property Tax.	Ves □No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	SAMA THE			81	Name		
LINZALONE, PASQUALE							
19890 SW 272 ST			82	Street Address (P.O. Box Number is Not Acceptable)			
HOMESTEAD FL 33031				83			
•	West .			1-5	[
				84	City		85 Zip Code
					1	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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change LINZALONE, PASQUALE 1.2 NAME NAME 19890 S.W. 272ND ST. STREET ADDRESS 1.3 STREET ADDRESS HOMESTEAD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition STD TITLE 2.1 TITLE LINZALONE, KAREN F. NAME 2.2 NAME 19890 S.W. 272ND ST. 2.3 STREET ADDRESS STREET ADDRESS HOMESTEAD FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME / STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRÉSS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE Addition ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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

CR2E034 (11/98)

Z-948-8H00