FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

M76841

(9)

BEDNER BROS. FARMS, INC.

	F	FILED)
Mar	13	1998	8:00am
Se	crei	tary o	f State



Principal Place of Business Mailing Address			F TOREGRAIN STILLORUM DIVIDE ENDE HEADT HORS BEAUTH			
C/O STEPHEN BEDNER C/O STEPHEN BEDNER						
14186 STARK	EY RD	14186 STARKEY RD				DO NOT INDITE IN THIS SOLOT
DELRAY BCH FL 33446		DELRAY BCH FL 33446				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
						04/18/1988
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0123851 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be
23		28	0			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 Name and Address of Current	<u> </u>	30			Personal Property Tax due June 30.
DE				81	Name	
	oner, stephen 8 ne 13 avenue					(0.0 D. M
	MPANO BEACH FL 33062			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
10	MEANO BEACHTE 33002		İ	B3		
			ŀ	84	City	85 Zip Code
## Durayont	to the evenisions of Sections 507 0503	and 607 1500 Florida Ctatute	a the ab		samed same	oration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of m lamiliar with, and accept the obligat	of Florida. Such change was a	uthorized	i by	the corporation	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	D	HOTO	D			ad when reinstating) DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Ager	ni signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 10	l F		☐ Change ☐ Addition
NAME	BEONER, CHARLES		1.2 NAI			_ · _
STREET ADDRESS	RURAL ROUTE 1, BOX 313B				ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CIT			
TITLE	D	DELETE	2.1 TIT			☐ Change ☐ Addition
NAME .	BEDNER, BRUCE		2.2 NA	ME		
STREET ADDRESS	RURAL ROUTE 1, BOX 290T		2.3 STF	REET #	ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		2. 4 CI	TY~S1	T-ZIP	
TITLE	D	☐ DELETE	3.1 TIT	LE		☐ Change ☐ Addition
NAME	Bedner, Stephen		3.2 NAI	ME	j	
STREET ADDRESS	RURAL RT 1 BOX 1076		3.3 STF	REET A	ADDRESS	
CITY+ST-ZIP	BOYNTON BEACH FL		3.4. CI1		T-ZIP	
TITLE		☐ DELETE	4.1 TITI	LE		☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STF	REET #	ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP	
TITLE		DELETE	5.1 TITI			Li Change Li Addition
NAME			5.2 NAI			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		Delete	5.4 CIT		r-ZIP	
TITLE		☐ DELETE	6 1 TITI		ł	Change Addition
NAME			6.2 NA			
STREET ADDRESS			6.3 STR	REET A	address	
CITY-ST-ZIP			6.4 CIT	Y-ST	ZIP	0

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.

2

3/0/00

A.Magzagu