

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089970 (5)

1. Corporation Name

TRACTOR LADY OF FLORIDA, INC.

Principal Place of Business

10890 NW SOUTH RIVER DR.
MIAMI FL 33178

Mailing Address

10890 NW SOUTH RIVER DR
MIAMI FL 33178



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

LEWIS, RICHARD C
799 BRICKELL PLAZA
SUITE 702
MIAMI FL 33131

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

Signature of Registered Agent or Secretary of State (If Registered Agent, signature must be in presence of a notary public.)

(If Registered Agent, signature must be in presence of a notary public.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CAMPBELL, KAREN
STREET ADDRESS 10890 NW SOUTH RIVER DR.
CITY-STATE-ZIP MIAMI FL 33178

DELETE

TITLE D
NAME CAMPBELL, BRYAN
STREET ADDRESS 10890 NW SOUTH RIVER DR.
CITY-STATE-ZIP MIAMI FL 33178

DELETE

TITLE D
NAME VARELA, ANGELICA
STREET ADDRESS 10890 NW SOUTH RIVER DR.
CITY-STATE-ZIP MIAMI FL 33178

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

Change Addition

100001874241
-06/25/96--01005--043
***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96 (305) 826-3598

CR2E034 (3/96)