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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLOHIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000009444 (7)

## **FILED** Apr 23 1998 8:00am Secretary of State

AVERIL	L FARMS INC					
Principal Plac	ce of Business	Mailing Address				
,	ISTERIA TERRACE	•	954 S.W. WISTERIA TERRACE			
PALM CITY FL 34990 PALM CITY FI						
					DO NOT WRITE IN T	THIS SPACE
					<ol> <li>Date Incorporated or Qualified 02/03/1995</li> </ol>	
	Place of Business	2a. Mailing Address	}-¬		4. FEI Number	Applied For
21	W	26		65-0564168	Not Applicable	
Suite, Apt	#, <b>€</b> IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		0.51.11.0	Fee Required	
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
<b>Z</b> ip	Country	7(p	Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		· <sub>r</sub> · · · · · · ·	10. Name and Address of New Registe	ered Agent
	NTON, SYLVIA		81	Name	<del> </del>	
6954 S.W. WISTERIA TERRACE			82	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
PAI	LM CITY FL 34990		-	_		
			83	<b>'</b>		1
			84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos				ve-named co	rnoration submits this statement for the purpo	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.0508. 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 accept the obligations of, Section 607.0505, Florida Statutes.						
						-0-00
SIGNATURE	Signature, lyped or profiled name of registered agent	and title if applicable. (N	Olf Registered Ap	gent signature requ	vired when reinstating) OA	-8-98
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	OFNITON OTHER		1.1 TITLE			Change Addition
NAME	DENTON, STUART 6954 S.W. WISTERIA TERRACE		1.2 NAME			
STREET ADDRESS	PALM CITY FL 34990		1.3 STREET ADDRESS			
CITY-ST-ZIP			1.4 C/TY-	ST · ZIP		
TITLE	DENTON, SYLVIA K		2.1 THLE			Change Addition
NAME OTREET LODDESOS	6954 S.W. WISTERIA TERRACE		2.2 NAME			
STREET ADDRESS	PALM CITY FL 34990	•		T ADDRESS		
CITY-ST-ZIP TITLE	81	<u></u>		·ST-ZIP		Change Addition
NAME	DENTON, DAVID		3.1 TITLE 3.2 NAME			Change Addition
STREET ADDRESS	6954 S.W. WISTERIA TERRACE			T ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		3.4. CITY-			
TITLE		DELETE	4.1 TITLE	U. Ell		Change Addition
NAME			4 2 NAME			_ ,
STREET ADDRESS				T ADDRESS		
CITY+ST-ZIP			4.4 CITY-1			
TITLE		DELETE	5.1 THILE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-5	S1-2IP		
TITLE	DELETE		6.1 TITLE			Change Addition
NAME			6.2 NAME	Ì		
STREET ADDRESS			6.3 STREET	f address		
CITY-ST-ZIP	aride the state of	this Change	6.4 CITY-5			
I ಈ I NereDV C	entity that the information supplied with	i this tiling does not dualify:	for the exemn	mon stated in	Section 119 07(3)(i) Florida Statutes, Lifurbe	er certify that the information

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.