PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000069166

1. Corporation Name

SUPREME OSTRICH FARM, INC.

Principal Place of Business						
3235 LANIER RD. ZEPHYRHILLS FL 33541						

Mailing Address

3235 LANIER RD. ZEPHYRHILLS FL 33541

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90146 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/07/1998

					00/01/1000		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-3565761	Applied For Not Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22	,	27	•		5. Certifcate of Status Desired	Fee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	y	This corporation owes the current year Intan	gible	
24	25	29	30			ŢYes X No	
27	9. Name and Address of Currer				10. Name and Address of New Registered Ag	jent	
g. 114111				1 Name			
FOCKE, CHRISTOPHER L				82 Street Address (P.O. Box Number is Not Acceptable)			
3235 LANIER RD.				82 Street Address (P.O. Box Number is Not Acceptable)			
ZEPHYRHILLS FL 33541				3			
			L			<u> </u>	
			. 8	4 City	FL	85 Zip Code	
	,	O 4 CO7 4 EDB. Florido Stotuto	s the ebe	vo named o		vanging its registered	
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	Jean Lan	l. lr.	B		quired when reinstating) DATE	/ 89	
	Signature, typed or printed name of registered age	ID DIRECTORS	Hegistered Ag	ent signature req	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
12.	DP ·	DELETE	1.1 TITLE	- T		Change Addition	
TITLE	<u> </u>		1.2 NAME		•		
NAME	LANDENBERGER, SEAN						
STREET ADDRESS	3235 LANIER RD.			ET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	C oci cre	1.4 CITY-			Change Addition	
TITLÉ	SD	☐ DELETE	2.1 TITLE		·	☐ Cuaride ☐ Vacaidou	
NAME	FOCKE, CHRISTOPHER L		2.2 NAME				
STREET ADDRESS	3235 Lanier RD.		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP .	ZEPHYRHILLS FL 33541		2. 4 CITY	-ST-ZIP			
TITLE	·	☐ DELETE	3.1 TITLE	,		☐ Change ☐ Addition	
NAME		•	3.2 NAME	.		1	
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	, e		3.4, CITY	-ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE		I	☐ Change ☐ Addition	
NAME	•		4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAMI	■			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP	The secretary was a first the		5.4 CITY				
TITLE	20 day 1 8 44 18 18	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME	1 4 4 2 6 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.2 NAMI	 			
STREET ADDRESS	-		6.3 STRE	ET ADDRESS			
Q.T.LLI PEDINESS							

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 suppliemental 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.