

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 # P98000102507

1. Corporation Name
NYALA FARMS, INC.

Principal Place of Business
**1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308**

Mailing Address
**1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Numbers Not Accepted)

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1998

4. FEI Number

59-3545980

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

**000002840300--4
-04/15/99--01077--009
****150.00 ****150.00
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, type or print name of registered agent, and title of agent

(If Not Registered Agent, Signature, type or print name of officer)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BENNETT, DOUGLAS W | |
| STREET ADDRESS | 1801 HERMITAGE BLVD SUITE 600 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HORTON, JAMES W | |
| STREET ADDRESS | 1801 HERMITAGE BLVD SUITE 600 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SMITH, JEFFREY L | |
| STREET ADDRESS | 1801 HERMITAGE BLVD SUITE 600 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|--|--|
| 11 TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | Charles Grossman | |
| 13 STREET ADDRESS | 335 Madison Avenue | |
| 14 CITY-ST-ZIP | New York, NY 10017 | |
| 21 TITLE | DVAS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | James W. Horton | |
| 23 STREET ADDRESS | 1801 Hermitage Blvd., Suite 600 | |
| 24 CITY-ST-ZIP | Tallahassee, FL 32308 | |
| 31 TITLE | VAT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | Luanne K. Good | |
| 33 STREET ADDRESS | 1801 Hermitage Blvd., Suite 600 | |
| 34 CITY-ST-ZIP | Tallahassee, FL 32308 | |
| 41 TITLE | VSAT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | Mark M. Weld | |
| 43 STREET ADDRESS | 335 Madison Avenue | |
| 44 CITY-ST-ZIP | New York, NY 10017 | |
| 51 TITLE | VTAS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | Bruce G. Morrison | |
| 53 STREET ADDRESS | 335 Madison Avenue | |
| 54 CITY-ST-ZIP | New York, NY 10017 | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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)(b), 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, with all other like empowered.

SIGNATURE: Douglas W. Bennett, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-99

850-488-4406

Division Phone #

0009483

CR2E034 (11/98)