

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752670** (0)  
1. Corporation Name  
**ARAPAHOE FARMS, INC.**



Principal Place of Business <b>C/O SUMMIT PROP MGMT P O BOX 189013 PLANTATION FL 33318 US</b>	Mailing Address <b>C/O SUMMIT PROP. MANAGEMENT 6289 W. SUNRISE BLVD #202 SUNRISE FL 33313-6154 US</b>
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3. Date Incorporated or Qualified <b>05/29/1980</b>	3a. Date of Last Report <b>04/23/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2191475</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  <b>SUMMIT PROPERTY MANAGEMENT 6289 W. SUNRISE BLVD #202 SUNRISE FL 33313</b>	10. Name and Address of New Registered Agent 81 Name <b>Summit Prop. Mgmt</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4450 W. SUNRISE BLVD</b> 83 <b>C-100</b> 84 City <b>PLANTATION</b> FL 85 Zip Code <b>33313</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Gail Cornblatt* **Gail H. Sangunett, V.P.-Administration** 2/7/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	3330 S.W. 59 ST.	1.2 NAME	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-ST-ZIP	
STREET ADDRESS	3321 S.W. 57TH PL.	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	FT. LAUDERDALE FL	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	3320 SW 58TH ST	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	NAME	3.2 NAME	
STREET ADDRESS	3340 SW 59 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	5720 SW 33RD TERR	4.2 NAME	
CITY-ST-ZIP	FT LAUDERDALE FL	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS	3351 SW 58TH ST	5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY-ST-ZIP	FT LAUDERDALE FL	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gail Cornblatt* **Gail Cornblatt** 2/24/97 (454) 792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034807

CR2E037 (9/96)