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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE **8andra B. Mortham**

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000049852 (1)

THE JUPITER FARMER, INC.

Principal Place of Business Mailing Address P.O. BOX 2585 P.O. BOX 2585 JUPITER FL 33468 JUPITER FL 33468 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1997 2. Principal Place of Business Mailing Address Applied For 21 26 65-077 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311-4132

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.

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Signature, typed or product cause of registered agent and little if applicable (NOTL Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Secnetary Addition CASHION, CLARENCE NAME 1.2 NAME STREET ADDRESS 17390 128TH TERRACE NORTH 1.3 STREET ADDRESS

JUPITER FL 33478 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP PITER DELETE TITLE Addition 3.1 TITLE Change NAME 32 NAME Nicolu STREET ADDRESS **33 STREET ADDRESS** 3609 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 2 3 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP UpITER TITLE DELETE 5.1 TITLE DURILLETO R NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST- ZIP ■ DELETE TITLE Change Addition 6.1 TITLE Spillman NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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 trusted 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

SIGNATURE:

Change P Rice

01.1-575-2520

FILED

Mar 25 1998 8:00am

Secretary of State

CR2E034 (10/97)