

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90031 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE: Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F79319

1. Corporation Name
M.S.R. SUGARCANE FARM, INC.

Principal Place of Business CARSON DOANLD W. 316 ROYAL POINCIANA PLAZA. PALM BEACH FL 33480	Mailing Address CARSON DOANLD W. 316 ROYAL POINCIANA PLAZA. PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/19/1982	
4. FEI Number 59-2201755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 340 Royal Poinciana Way	2a. Mailing Address 26 340 Royal Poinciana Way
Suite, Apt. #, etc. 22 Suite 316	Suite, Apt. #, etc. 27 Suite 316
City & State 23 Palm Beach, FL	City & State 28 Palm Beach, FL
Zip 24 33480	Zip 29 33480
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent CARSON, DONALD W. 316 ROYAL POINCIANA PLAZA, PALM BEACH FL 33480	10. Name and Address of New Registered Agent <table border="1"><tr><td>81 Name Carson, Donald W.</td></tr><tr><td>82 Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Way</td></tr><tr><td>83 Suite 316</td></tr><tr><td>84 City Palm Beach</td></tr><tr><td>85 Zip Code FL 33480</td></tr></table>	81 Name Carson, Donald W.	82 Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Way	83 Suite 316	84 City Palm Beach	85 Zip Code FL 33480
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82 Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Way						
83 Suite 316						
84 City Palm Beach						
85 Zip Code FL 33480						
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPST	<input type="checkbox"/> DELETE	1.1 TITLE 340 Royal Poinciana Way	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARSON, DONALD W		1.2 NAME Suite 316	CORRECTION
STREET ADDRESS 316 ROYAL POINCIANA PLAZ		1.3 STREET ADDRESS Palm Beach, FL 33480	
CITY-ST-ZIP PALM BCH, FL 00000		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 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

561-655-6303

SIGNATURE: *Donald W. Carson* President 3/25/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034.(1/198)