

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 237840

(4)

1. Corporation Name

OKEECHOBEE FARMS CO

(IN LIQUIDATION)

Principal Place of Business

~~444 BUNKER RD~~  
~~STE 200~~  
~~W PALM BCH FL 33405~~  
~~US~~

Mailing Address

POST OFFICE BOX 6216  
WEST PALM BEACH FL 33405  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1960	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-0917874	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SANCHEZ, A.J.  
112 BLOOMFIELD DR.  
W. PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, ALFREDO J		12 NAME		
STREET ADDRESS	112 BLOOMFIELD RD.		13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		14 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, MAITA L		22 NAME		
STREET ADDRESS	237 ESSEX LANE		23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		24 CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DURAN, RAFAEL J		32 NAME		
STREET ADDRESS	4125 CLEARVIEW TERRACE		33 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		34 CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, JORGE A		42 NAME		
STREET ADDRESS	239 SOUTHLAND RD.		43 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		44 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, RAFAEL E JR.		52 NAME		
STREET ADDRESS	108 EDMOR RD.		53 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		54 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INTERIAN, PEDRO C		62 NAME		
STREET ADDRESS	713 HOLLYWOOD PL.		63 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		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)(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.

SIGNATURE:

*[Signature]* As one of the directors  
of OFC in liquidation 4/28/98  
(54) 597-3600

CR2E034 (10/97)