

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 244210

(1)

1. Corporation Name

VALLEY RIVER FARMS INC



Principal Place of Business

16499 NE 19TH AVE. #214 NANKIN BUILDING
C/O FRANK G. MURPHY
NORTH MIAMI FL 33162

Mailing Address

16499 NE 19TH AVE. #214 NANKIN BUILDING
C/O FRANK G. MURPHY
NORTH MIAMI FL 33162

2. Principal Place of Business

2a. Mailing Address

21 14660 NW 17th DR.

26 14660 NW 17th DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MIAMI

27 MIAMI

City & State

City & State

23 FLA

28 FLA

Zip

Zip

24 33167

29 33167

Country

Country

DADE

DADE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/28/1961

3a. Date of Last Report

02/27/1995

4. FEI Number

59-0923998

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(5), 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

Date of Signature of Agent

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE PT	1.1 TITLE MURPHY, FRANK G
2. NAME MURPHY, FRANK G	1.2 NAME PRES.
3. STREET ADDRESS 16499 NORTHEAST 19TH AVE	1.3 STREET ADDRESS 14660 N.W. 17 DR
4. CITY-STATE-ZIP N MIAMI BEACH FL	1.4 CITY-STATE-ZIP MIAMI-FLA 33167
5. TITLE S	2.1 TITLE SECRETARY
6. NAME NEWLAND, LOIS L.	2.2 NAME LOIS L. NEWLAND
7. STREET ADDRESS 16499 NORTHEAST 19TH AVE	2.3 STREET ADDRESS 14660 NW 17 DR
8. CITY-STATE-ZIP NORTH MIAMI BEACH FL	2.4 CITY-STATE-ZIP MIAMI-FLA 33167
9. TITLE D	3.1 TITLE D
10. NAME MURPHY, FRANK G.	3.2 NAME FRANK G. MURPHY
11. STREET ADDRESS 16499 NORTHEAST 19TH AVE	3.3 STREET ADDRESS 14660 NW 17 DR
12. CITY-STATE-ZIP NORTH MIAMI BEACH FL	3.4 CITY-STATE-ZIP MIAMI-FLA 33167
13. TITLE [] DELETE	4.1 TITLE [] Change [] Addition
14. NAME [] DELETE	4.2 NAME [] Change [] Addition
15. STREET ADDRESS [] DELETE	4.3 STREET ADDRESS [] Change [] Addition
16. CITY-STATE-ZIP [] DELETE	4.4 CITY-STATE-ZIP [] Change [] Addition
17. NAME [] DELETE	5.1 TITLE [] Change [] Addition
18. STREET ADDRESS [] DELETE	5.2 NAME [] Change [] Addition
19. CITY-STATE-ZIP [] DELETE	5.3 STREET ADDRESS [] Change [] Addition
20. NAME [] DELETE	5.4 CITY-STATE-ZIP [] Change [] Addition
21. STREET ADDRESS [] DELETE	6.1 TITLE [] Change [] Addition
22. CITY-STATE-ZIP [] DELETE	6.2 NAME [] Change [] Addition
23. NAME [] DELETE	6.3 STREET ADDRESS [] Change [] Addition
24. STREET ADDRESS [] DELETE	6.4 CITY-STATE-ZIP [] Change [] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 (changed, or on an addition) with an address.

SIGNATURE:

Lois L. Newland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

2/12/96

769-0123

CR2E034 (12/95)