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Apr 29, 1999 8:00 am
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04-29-1999 90284 008 ***150.00

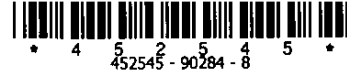
PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 289932

1. Corporation Name
RLM FARMS INC.



Principal Place of Business Mailing Address
6500 US HWY 441 SUITE 205 OKEECHOBEE FL 34974 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/15/1965

21	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	59-1096591	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Suite, Apt. #, etc.	<input type="checkbox"/>	
23	28	6. Election Campaign Financing	\$5.00 May Be Added to Fees
	City & State	Trust Fund Contribution	<input type="checkbox"/>
24	29	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Zip		
	Country		

9. Name and Address of Current Registered Agent
MACE, ROBERT L.
11139 ISLE BROOK DRIVE
WELLINGTON FL 33414

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD MACE, ROBERT L.
STREET ADDRESS	11139 ISLE BROOK DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	<input type="checkbox"/> DELETE
NAME	ST SHIVER, MICHAEL W.
STREET ADDRESS	200 NW AVENUE L
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Michael W. Shiver Date: 04/29/99 561-996-2800

CR2E034 (1/98)