

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 # 302563 (2)

1. Corporation Name

ALLIED FARMS, INC.



Principal Place of Business

% SAM ZINGALE  
4000 ORANGE AVENUE  
CLEVELAND OH 44115

Mailing Address

% SAM ZINGALE  
4000 ORANGE AVENUE  
CLEVELAND OH 44115

3. Date Incorporated or Qualified

03/02/1966

3a. Date of Last Report

03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTHEWS, R.E., JR.  
257 S.E. AVENUE A  
BELLE GLADE FL

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

Signature of person filing this report (not the corporation)

Signature of Registered Agent (signature required for change)

DATE

12. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | PD                  | <input type="checkbox"/> DELETE |
| NAME           | SANSON, ANTHONY     |                                 |
| STREET ADDRESS | 471-10 ANTLER POINT |                                 |
| CITY, ST, ZIP  | AURORA OH           |                                 |
| TITLE          | VSD                 | <input type="checkbox"/> DELETE |
| NAME           | SANSON, JEFFREY A   |                                 |
| STREET ADDRESS | 6280 CLOVERLY DRIVE |                                 |
| CITY, ST, ZIP  | OLON OH             |                                 |
| TITLE          | TD                  | <input type="checkbox"/> DELETE |
| NAME           | FRITZ, JEROME       |                                 |
| STREET ADDRESS | 5886 BRIARHILL DR.  |                                 |
| CITY, ST, ZIP  | OLON OH             |                                 |
| 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 '92

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY, ST, ZIP  |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY, ST, ZIP  |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY, ST, ZIP  |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY, ST, ZIP  |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY, ST, ZIP  |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY, ST, ZIP  |                                                                   |

14. I do 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, 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jeffrey A. Sanson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY A. SANSON  
Vice President

2-2-96

DATE

216-431-8560

Display Phone

CR2E034 (12/95)