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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 315237 (8)

1. Corporation Name
BISCHOFF FARMS INC

Principal Place of Business
414 E. REVELS RD.
HOWEY-IN-THE-HILLS FL 34737
US

Mailing Address
414 E. REVELS RD.
HOWEY-IN-THE-HILLS FL 34737-3925
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

25. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
03/29/1967

3a. Date of Last Report
05/01/1996

4. FEI Number

59-1206212

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

9. Name and Address of Current Registered Agent

RONALD K. BISCHOFF
414 E. REVELS RD.
HOWEY-IN-THE-HILLS FL 34737

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME BISCHOFF, RONALD K
STREET ADDRESS 414 E. REVELS RD.
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

TITLE SD
NAME BISCHOFF, JULIA
STREET ADDRESS 9802 BRINT RD
CITY-ST-ZIP SYLVANIA, OH 00000

TITLE AS
NAME BISCHOFF, ANN
STREET ADDRESS 414 E. REVELS RD.
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 34737

2.1 TITLE SD
2.2 NAME BISCHOFF, JULIA
2.3 STREET ADDRESS 2 MAGNOLIA LANE
2.4 CITY-ST-ZIP PALAHIA, FL 34797

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 34737

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

RONALD K. BISCHOFF

Date

Daytime Phone #

CR2E034 (9/96)