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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 323735

i. Corporatio	A LITTLE FARMS AND RAN		,	 	RHAIN BIOTH ONON ONNIK AKSIN BYOTH IABK
	ce of Business	Mailing Address			
12110 SE HWY		12110 SE GWT 441			
BELLEVIEW FL 34420 US OCALA FL 34420 US			DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualifed	
	•			12/01/1967	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1204234	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	A-	27			Fee Required
City & Sta	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year.	·
24	25	29	30	Personal Property Tax.	Yes No
1	9. Name and Address of Curre	nt Registered Agent	1	10. Name and Address of New Regist	
	A STATE OF THE STA		81 Name		
	UCIAN, ALFRED	OFF ST	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	<u></u>
	IO OF IMIL 441				e. The graph was the green a graph of the case of the
BEU	LEVIEW FL 32620		83		抽對對法推翻的
			84 City		85 Zip Code
					FL
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statu of Florida. Such change was	tes, the above-named co authorized by the corpora	orporation submits this statement for the purpo ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTI	E: Registered Agent signature requ		TE .
SIGNATURE	Signature, typed or printed name of registered age	and title if applicable. (NOTI	E: Registered Agent signature requ		TE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	ant and title if applicable. (NOTI	13.	uired when reinstating) DA	TE .
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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 13 if changed, or on an attachment with/an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don 15- 59 3522457520

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90065 002 ***150.00

CR2E034 (11/98)