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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 388831

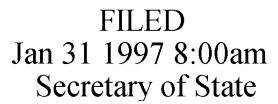
(0)

MOCKINGBIRD FARM, INC.

Mailing Address

Principal Place of Business 2477 E COMMERCIAL BLVD FT LAUDERDALE FL 33308

2477 E COMMERCIAL BLVD FT LAUDERDALE FL 33308-4041





											3.					a. Date of Last Report 02/26/1996		
2. Principal Place of Business				2a. Mailing Address					4.		I Number				Appli	ed For		
21					26						59-136 159 1 Not Applicable						pplicable	
22	Suite, Apt	te, Apt. #, etc.				Suite, Apt. #, etc.					5.	5. Certificate of Status Desired Security Securi						
4.2	City & State				121	Crty & State				··	6. Election Campaign Financing \$5.00 May Be							
23	¬ ·			28	28			•			ust Fund Contribution	ii ig	m		Med to F			
	Zip		Countr	v	EQT	Zip	· · · · · · · · · · · · · · · · · · ·	Count	trv	· · · · · · · · · · · · · · · · · · ·			nis corporation has liabili	ity for in	tanaihia			
24			25	•	29			30			"		ns corporation nas llaulii orida Statutes		Yes [15. 15	19.032,
1		9. Name		ss of Current		tered Agent		<u>~</u>			10.		ame and Address of Ne					
MEHALLIS. STEPHEN										Name		****	'. / 	······				
2477 E COMMERCIAL BLVD																		
FT LAUD FL 33308										82 Street Address (P.O. Box Number is Not Acceptable)								
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								8	4	City					<i>E</i> 1	85 Z	р Со	de
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11	office or re	to the provisi eaistered aa	ions of Sec ent. or both	nons 607.0502 a. in the State	e and 6 of Florid	07.1508, Flor da. Such cha	ida Statules Inde was au	s, tne abc uthorized	bve-	named co the corpo	orporation's	on s bos	ubmits this statement for and of directors. I hereby	r the pu accept	rpose of the ann	changing cintment	g its ri As rec	egistered histered
	agent La	m familiar wi	th, and acc	ept the obliga	tions of	f, Section 607	7.0505, Flor	ida Statul	les.				, ,		and and the			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SI	GNATURE	M		***·····														
Signature, typicd or printed name of registered agent and little if applicable (NOTE: Registe										t signature re				A	DATE			
12	······································	-v	· · · · · · · · ·	FFICERS AND	DIREC		DELETE	13.				AU	DITIONS/CHANGES TO	OFFICE	RS AND			
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NA	ļ							6.2 NAM										
	REET ADORESS									DDRESS								
CII	Y-ST-ZIP							6.4 CITY	-\$1-	- ZIP	·							

I. 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 dir

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO