


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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 388831 (0)
1. Corporation Name
MOCKINGBIRD FARM, INC.

Principal Place of Business 2477 E COMMERCIAL BLVD FT LAUDERDALE FL 33308	Mailing Address 2477 E COMMERCIAL BLVD FT LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1971

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1361591	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEHALLIS, STEPHEN
2477 E COMMERCIAL BLVD
FT LAUD FL 33308

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANESH, BETH	1.2 NAME	
STREET ADDRESS	2477 E COMMERCIAL BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, MARLENE	2.2 NAME	
STREET ADDRESS	5850 SW ST RD 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGURIAN, DOROTHY	3.2 NAME	
STREET ADDRESS	2477 E COMMERCIAL BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGURIAN, HARRY T JR	4.2 NAME	
STREET ADDRESS	2477 E COMMERCIAL BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHALLIS, STEPHEN G	5.2 NAME	
STREET ADDRESS	2477 E COMMERCIAL BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Beth Panesh* BETH PANESH, VICE PRES. 1/28/98 (954) 491-1722

CR2E034 (10/97)