

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 411735 (4)

1. Corporation Name
BLUE RIDGE FARMS INC

Principal Place of Business
9202 NW 106 ST
8751 WEST BROWARD BOULEVARD
MEDLEY FL 33178
US

Mailing Address
9202 NW 106 ST
8751 WEST BROWARD BOULEVARD
MEDLEY FL 33178
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 10/31/1972	
4. FEI Number 13-2793580	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		86 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, JEFFREY	1.2 NAME	
STREET ADDRESS	8301 ATLANTIC AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, RICHARD	2.2 NAME	
STREET ADDRESS	8301 ATLANTIC AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWE, KEN	3.2 NAME	
STREET ADDRESS	8301 ATLANTIC AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, SEYMOUR	4.2 NAME	
STREET ADDRESS	8301 ATLANTIC AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	4.4 CITY-ST-ZIP	
TITLE	GM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARIF, DAVID	5.2 NAME	
STREET ADDRESS	9202 NW 106 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL	5.4 CITY-ST-ZIP	
TITLE		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: *Ken Bowe* 4/17/98

CR2E034 (10/97)