FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Jun 27 1996 8:00 am
Secretary of State

DOCUMENT # 434548 (4)

1. Corporation Name
SHADY OAKS FARM, INC.

Principal Place of Business
~~6780 85TH STREET
P.O. BOX 336
WABASSO FL 32970~~

Mailing Address
~~6780 85TH STREET
P.O. BOX 336
WABASSO FL 32970~~

3. Date Incorporated or Qualified: 08/30/1973
3a. Date of Last Report: 03/16/1995
4. FEI Number: 59-1486429 — 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

	2. Principal Place of Business		2a. Mailing Address
21	14665 Fitzpatrick Rd.	26	14665 Fitzpatrick Rd.
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Mami Lakes, FL	28	City & State: Miami Lakes, FL
24	Zip: 33014	29	Zip: 33014
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent

~~WILSON, HARRIET
6780-85TH ST., P.O. BOX 336
WABASSO FL 32970~~

10. Name and Address of New Registered Agent

81 Name: JUDY CUIFFO
82 Street Address (P.O. Box Number is Not Acceptable): 14665 Fitzpatrick Rd.
83
84 City: Miami Lakes FL 85 Zip Code: 33014

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 JUDY CUIFFO *Judy Cuiffo* DATE 6/18/96

12. OFFICERS AND DIRECTORS

TITLE	~~ST~~	☒ DELETE
NAME	~~WILSON, HARRIET~~	
STREET ADDRESS	~~6780 85TH ST~~	
CITY-ST-ZIP	~~WABASSO, FL 00000~~	
TITLE	~~P~~	☒ DELETE
NAME	~~WHITE, HUGH~~	
STREET ADDRESS	~~1501 CENTRAL~~	
CITY-ST-ZIP	~~WEBSTER, FL 00000~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Pres., Secty. & Dir.	☒ Change ☐ Addition
1.2 NAME	Judy Cuiffo	
1.3 STREET ADDRESS	14665 Fitzpatrick Rd.	
1.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
2.1 TITLE	President & Director	☒ Change ☐ Addition
2.2 NAME	Victoria Boyd	
2.3 STREET ADDRESS	28 W. 75th Street, Apt. 3B	
2.4 CITY-ST-ZIP	New York, N.Y. 10023	
3.1 TITLE	Vice Pres. & Director	☐ Change ☒ Addition
3.2 NAME	Lana Boyd	
3.3 STREET ADDRESS	4424 Lancashire Drive	
3.4 CITY-ST-ZIP	Raleigh, North Carolina 27613	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Judy A. Cuiffo - sec/dir* 6/18/96 305-374-0544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)