

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **434548** (4)  
1. Corporation Name  
**SHADY OAKS FARM, INC.**

Principal Place of Business <b>14665 FITZPATRICK RD</b> <del>PO BOX 000</del> <b>MIAMI LAKES FL 33014</b> <b>US</b>	Mailing Address <b>14665 FITZPATRICK RD</b> <del>PO BOX 000</del> <b>MIAMI LAKES FL 33014</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>14665 Fitzpatrick Rd</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miami Lakes, FL</b> Zip 24 <b>33014</b>		2a. Mailing Address 26 <b>14665 Fitzpatrick Rd.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami Lakes, FL</b> Zip 29 <b>33014</b>		3. Date Incorporated or Qualified <b>08/30/1973</b>		3a. Date of Last Report <b>06/27/1996</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		4. FEI Number <b>59-1486429</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CUIFFO, JUDY**  
**14665 FITZPATRICK RD**  
**MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 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

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

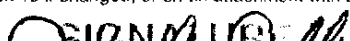
(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VPSD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUIFFO, JUDY</b>	1.2 NAME	
STREET ADDRESS	<b>14665 FITZPATRICK RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYD, VICTORIA</b>	2.2 NAME	
STREET ADDRESS	<b>28 W 75TH ST APT 3B</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYD, LANA</b>	3.2 NAME	
STREET ADDRESS	<b>4424 LANCASHIRE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALEIGH NC</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 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 CUIFFO**

**7.11.97**

**305-733-0996**

CR2E034 (4/97)