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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 454545 (5)

1. Corporation Name
SAPP FARMS, INC.

Principal Place of Business
18805 SW 334 STREET
HOMESTEAD FL 33034

Mailing Address
P.O. BOX 801348
HOMESTEAD FL 33080-1348

3. Date Incorporated or Qualified 06/11/1974	3a. Date of Last Report 10/25/1996
4. FEI Number 59-1585167	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

LYNN & HANSON, P.A.
48 NE 15 STREET
SECOND FLOOR
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SAPP, FRANK
STREET ADDRESS	973 NW 9TH STREET
CITY - ST - ZIP	HOMESTEAD FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SAPP, BLANCHE
STREET ADDRESS	973 NW 9TH STREET
CITY - ST - ZIP	HOMESTEAD FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SAPP, EDWIN
STREET ADDRESS	19240 S.W. 312 STREET
CITY - ST - ZIP	HOMESTEAD FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SAPP, STEVEN
STREET ADDRESS	27451 S.W. 170TH AVE.
CITY - ST - ZIP	HOMESTEAD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BORGSCULTE, ELIZABETH
STREET ADDRESS	973 N.W. 9TH ST
CITY - ST - ZIP	HOMESTEAD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WALLACE, EUGENIA
STREET ADDRESS	176 BESSIE ROAD
CITY - ST - ZIP	TAVERNIER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

Daytime Phone

0181034

CR2E034 (9/96)