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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 15 1997 8:00am Secretary of State

DOCUMENT # 454545 1. Corporation Name SAPP FARMS, INC. Principal Place of Business 19935 SW 334 STREET HOMESTEAD FL 33034 Principal Place of Business Mailing Address P.O. BOX 901348 HOMESTEAD FL 33030-134				348				
						3. Date incorporated or Qualified 06/11/1974	3a. Date of Last 10/25/1996	Report
2. Principa	Place of Business	2a, Mailing	Address			4. FEI Number		oplied For
21		26				59-1585167		lot Applicable
Suite, Ar	ot #, etc.	ļ	ot #, etc.			5. Certificate of Status Desired		Additional
22(City & St			lata	······································				Required
23	este:	28	iale			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country	Zip		Country	,	This corporation has liability for		
24	25	29		30			Yes No	a. 100.002,
	· · · · · · · · · · · · · · · · · · ·	of Current Registered Ag	ent		y	10. Name and Address of New R	egistered Agent	
	NN & HANSON, P.A.			81	Name		-	
	NE 15 STREET			82	Street Add	dress (P.O. Box Number is Not Accepta	able)	······································
	COND FLOOR			83				·····
H	DMESTEAD FL 33030			83				
				84	City		FL 85 Zip	Code
11. Pursua office o	nt to the provisions of Sections r registered agent, or both, in	607.0502 and 607.1508, the State of Florida Such	Florida Statu	ites, the above	e-named cor the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing ept the appointment a	its registered s registered
SIGNATURI	Signature, typed or porified name of re	gistered agent and tille if applicable		OTE Registered Age		rporation submits this statement for the ation's board of directors. I hereby account of directors and the statement of the s	purpose of changing ept the appointment a DATE	
SIGNATURI 12.	Signature, typed or porified name of re	gistered agent and title if applicable CERS AND DIRECTORS					purpose of changing ept the appointment a DATE	PRS IN 12
SIGNATURI 12. Tille	E Signature, typed or printed name of re OFFIC	gistered agent and title if applicable CERS AND DIRECTORS	(NC	TE Registered Age		uired when reinstating)	purpose of changing ept the appointment a DATE	PRS IN 12
SIGNATURI 12. Tille	Signature, speed or punted name of re OFFIC PD SAPP, FRANK	gistered agent and title if applicable CERS AND DIRECTORS	(NC	13.	ont signature requ	uired when reinstating)	purpose of changing ept the appointment a DATE	PRS IN 12
SIGNATURI 12. TULF	Signature, speed or punted name of re OFFIC PD SAPP, FRANK	gistered agent and title if applicable CERS AND DIRECTORS	(NC	13. 1.1 TiTLE 1.2 NAME	ent signature requi	uired when reinstating)	purpose of changing ept the appointment a DATE	PRS IN 12
SIGNATURI 12. TULF NAME STREET ADDRES CITY ST. ZIF	Signature typed or punied nature of the OFFIC SAPP, FRANK 973 NW 9TH STREET HOMESTEAD FL	rgistered agent and tille if applicable CERS AND DIRECTORS	(NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent signature requi	uired when reinstating)	purpose of changing ept the appointment a DATE	PRS IN 12 Addition
SIGNATURI 12. TULE NAME SIREET ADDRES COLY ST-ZIE TULE	Signature typed or punied name of the OFFIC SAPP, FRANK 973 NW 9TH STREET HOMESTEAD FL VD SAPP, BLANCHE	rgistered agent and tille if applicable CERS AND DIRECTORS	(NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ent signature requi	uired when reinstating)	purpose of changing ept the appointment a	PRS IN 12 Addition
SIGNATURI 12. TULE NAME STREET ADDRES CULY ST-ZIE TULE NAME	Signature typed or pented mente of the OFFIC PD SAPP, FRANK 973 NW 9TH STREET HOMESTEAD FL VD SAPP, BLANCHE 973 NW 9TH STREET	rgistered agent and tille if applicable CERS AND DIRECTORS	(NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 YITLE	ADDRESS	ured when reinstating) ADDITIONS/CHANGES TO OFF	purpose of changing ept the appointment a	PRS IN 12 Addition
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race margey certify that the information supplied with his timing does not quarry for the exemption stated in Section 119.07(3)(f). 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:

0161034