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Feb 11 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 # 549155 (0)

1. Corporation Name
BOICE FARMS, INC.



Principal Place of Business
C/O COMTECH PROPERTIES
9500 SATELLITE BLVD 160
ORLANDO FL 32837
US

Mailing Address
4076 SUMMERWOOD AVENUE
ORLANDO FL 32812-7042
US

3. Date Incorporated or Qualified 10/14/1977	3a. Date of Last Report 01/26/1996
4. FEI Number 59-1772667	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	2a. Mailing Address 26 9862 County Road 170
Suite, Apt #, etc 22	Suite, Apt #, etc. 27
City & State 23	City & State 28 Westcliffe, CO
Zip 24	Country 25 US
Country 25	Zip 29 81252
	Country 30 US

9. Name and Address of Current Registered Agent
BOZART, STEPHEN J
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature: type in or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	JACK, SUZANNE B	
STREET ADDRESS	428 WOODLAND ROAD	
CITY-ST-ZIP	SEWICKLEY PA 15149	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHILLIPS, AUBREY S	
STREET ADDRESS	RT 1 BOX 119 ST. GEORGE AVENUE	
CITY-ST-ZIP	CROZET VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOZARTH, STEPHEN J	
STREET ADDRESS	800 N. MAGNOLIA AVE., #1500	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JACK, WILLIAM I	
STREET ADDRESS	428 WOODLAND ROAD	
CITY-ST-ZIP	SEWICKLEY PA 15143	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LINTON, CRAIG JR	
STREET ADDRESS	145 PINEY CROFT LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9862 County Road 170
1.4 CITY-ST-ZIP	Westcliffe, CO 81252
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5855 St. George Ave
2.4 CITY-ST-ZIP	Crozet, VA 22932
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	9862 County Road 170
4.4 CITY-ST-ZIP	Westcliffe, CO 81252
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3584c S.W. Quail Meadow Trail
5.4 CITY-ST-ZIP	Palm City, FL 34990
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] 1/31/97 719 783-2935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)