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Apr 28 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 # 557426

(4)

1. Corporation Name
C & O FARMS CO.

Principal Place of Business

6300 OLINT MOORE RD
BOCA RATON FL 33486
US

Mailing Address

6300 OLINT MOORE RD
BOCA RATON FL 33486



2. Principal Place of Business		2a. Mailing Address	
21 18000 Jog Road		26 18000 Jog Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Boca Raton, Florida		28 Boca Raton, Florida	
Zip	Country	Zip	Country
24 33496	25 USA	29 33496	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
01/12/1978	04/03/1996
4. FEI Number	Applied For
59-2245573	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G III, ESQ
251 ROYAL PALM WAY
SIXTH FLOOR
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	VP
NAME	OXLEY, THOMAS E.	1.2 NAME	OXLEY, JOHN C.
STREET ADDRESS	11798 GREYSTONE DR	1.3 STREET ADDRESS	1300 Williams Center Twr
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Tulsa, Oklahoma 74103
TITLE	VTD	2.1 TITLE	
NAME	RAINS, THOMAS E.	2.2 NAME	
STREET ADDRESS	WILLIAMS CENTER TOWER I	2.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	KING, JEAN	3.2 NAME	
STREET ADDRESS	WILLIAMS CENTER TOWER I	3.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	
NAME	WHITE, COLLEEN	4.2 NAME	
STREET ADDRESS	WILLIAMS CENTER TOWER I	4.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____

4/21/97

(918) 584-1978

CR2E034 (9/96)