


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90043 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 576775 1. Corporation Name PINELLAS FARMHOUSE, INC.					
Principal Place of Business 4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807			Mailing Address 4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/23/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 95-3309796	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Zip 29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25		Country 30			
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			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	TALICHET, DAVID C., JR.				
STREET ADDRESS	4155 E LA PALMA AVE				
CITY-ST-ZIP	ANAHEIM CA				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	MCAHON, JUDITH				
STREET ADDRESS	4155 E LA PALMA AVE #250				
CITY-ST-ZIP	ANAHEIM CA				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	TALICHET, CECILIA				
STREET ADDRESS	4155 E LA PALMA AVE #250				
CITY-ST-ZIP	ANAHEIM CA				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	ROYSE, BOB D.				
STREET ADDRESS	4155 E LA PALMA AVE #250				
CITY-ST-ZIP	ANAHEIM CA				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	TALICHET, CECILIA				
STREET ADDRESS	4155 E LA PALMA AVE #250				
CITY-ST-ZIP	ANAHEIM CA				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)