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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

614986

(8)

## FILED May 06 1998 8:00am Secretary of State

	DA CATTLE COMPANY, IN	IC.			10 4100 8180 9180 9180 GDU 180
Principal Place	of Business	Mailing Address	······································	·	BIT MISKE BIRKE BIRKE RIGIE BESKE HONE
1385 N W 15 ST. 1385 N W 15 ST. MIAMI FL 33125 MIAMI FL 33125			DO NOT WRITE IN TI	HIS SPACE	
				3. Date Incorporated or Qualified	
				03/14/1979	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0087321	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		g. Sommatic of Status 200med	Fee Required
City & State	<del>)</del>	City & State		6. Election Campaign Financing	\$5.00 May Be
23]	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
Ζιρ 24	<del> </del>	<del>                                     </del>	<b>⊢</b> ⊸ '	8. This corporation owes or has paid the	current year Intangible
24[	9. Name and Address of Curre	29   Int Registered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registe	
n	FFORD, ARTHUR W.		81 Name		
	385 N W 15 ST.				
MAMI FL 33125			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
***	# WHI ! E 00 120		83		
			84 City	ı	EL 85 Zip Code
	trigaminal with, and accept the comp	gations of, Section 607.0505,	Florida Statutes.	ation's board of directors. I hereby accept the	
SIGNATURE	Stignature, typind or printed name of trigisterist ag OFFICERS AN	gera and title if applicable (I	Florida Statutes.  IOTE Registered Agent signature requ		TE AND DIRECTORS IN 12
SIGNATURE	Stignature, typied or printed out or or organizers Lag OFFICERS AN	pera and title at applicable (	NOTE: Registered Agent signature requ	uired when reinstating) DA	TE
SIGNATURE  12.  NAME	Stipnature, typical or printed numer of registered as OFFICE RS AN PD TIFFORD, ARTHUR W	gera and title if applicable (I	NOTE Progressered Agent signature requ	uired when reinstating) DA	TE AND DIRECTORS IN 12
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14. Thereby Certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further bertify that the information indicated on this annual report or suppliemental 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: TW

Anther W. Tifford

4/2018

(30) NE 782