## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 24 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 639583 (4) RESEARCH IRRIGATION, INC. Principal Place of Business Mailing Address 6043 NW 167TH ST. #8 6043 NW 167TH ST. #8 MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/15/1979 03/16/1996 Principal Place of Business FFI Number Applied For Mailing Address 2a. NW 102 RO 11700 Dame 26 59-1997776 Not Applicable Suite, Apt. #, etc. #10 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing MEDLEY 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible PADE 29 Yes □ No 24 Personal Property Tax due June 30. 25 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BING, KENNETH R. 6043 NW 167TH ST. #8 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015** 83 84 City Zip Code 85 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 roinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4/97 TITLE DELETE 1.1 THUE Change ■ Addition BING, KENNETH R. NAME 1.2 NAME CR2E034 14311 LEANING PINE DRIVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELFTE Change TIFLE 2.1 TILLE Addition BING, KRISTOPHER E. 2.2 NAME NAME 7401 FILLMORE ST. STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change TITLE 3.1 TITLE Addition 32 NAME NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3 4. C(1Y - ST - Z(P DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TIFLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP I do hereby certify that the Information supplied with this filling 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 poceiver 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, over an attachment with appendixes.

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FILED