

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **752670** (0)  
1. Corporation Name  
**ARAPAHOE FARMS, INC.**



|                                                                                                              |                                                                                                                      |
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| Principal Place of Business<br><b>C/O SUMMIT PROP MGMT<br/>P O BOX 189013<br/>PLANTATION FL 33318<br/>US</b> | Mailing Address<br><b>C/O SUMMIT PROP. MANAGEMENT<br/>6289 W. SUNRISE BLVD #202<br/>SUNRISE FL 33313-6154<br/>US</b> |
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|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>05/29/1980</b> | 3a. Date of Last Report<br><b>04/23/1996</b> |
|--------------------------------------------------------|----------------------------------------------|

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| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                       | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br><b>59-2191475</b> | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                          |                                    |                               |

|                                                                                                                                         |                                                                                                                                                                                                                                                      |
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| 9. Name and Address of Current Registered Agent<br><b>SUMMIT PROPERTY MANAGEMENT<br/>6289 W. SUNRISE BLVD #202<br/>SUNRISE FL 33313</b> | 10. Name and Address of New Registered Agent<br>81 Name <b>Summit Prop. Mgmt</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>4450 W. SUNRISE BLVD</b><br>83 <b>C-100</b><br>84 City <b>PLANTATION</b> FL 85 Zip Code <b>33313</b> |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Gail Cornblatt* **Gail H. Sangunett, V.P.-Administration** 2/7/97  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|--------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                            | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                            | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gail Cornblatt* **Gail Cornblatt** 2/24/97 (454) 792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034807

CR2E037 (9/96)