

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Reinstatement
AND
FILED

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 DEC 26 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F12858 (9)

1. Corporation Name
FAIRGROUND FARMS, INC.



REINSTATEMENT 96

Principal Place of Business Mailing Address
6585 DILLMAN RD EXT.
P.O. BOX 15255
WEST PALM BEACH FL 33416

3. Date Incorporated or Qualified 12/24/1980 3a. Date of Last Report 07/26/1995

2. Principal Place of Business 2a. Mailing Address
21 500 Australian Ave 26 SAME AS #2
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 110 Box 134 27
City & State City & State
23 WEST PALM BEACH FL 28
Zip Country Zip Country
24 33401 25 USA 29 30

4. FEI Number 59-2134077 Applied For Not Applicable
5. Certificate of Status Desired Y \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DUDE, HAROLD
6585 DILLMAN RD EXT.
WEST PALM BEACH FL 33419

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 500 Australian Ave
84 Suite 110
85 City WEST PALM BEACH FL 86 Zip Code 33401

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 of person who is registered agent and title if applicable Signature of Registered Agent required when reinstating
Harold Dude 12-6-94

12. OFFICERS AND DIRECTORS
TITLE DP
NAME DUDE, HAROLD
STREET ADDRESS 6585 DILLMAN RD EXT.
CITY - ST - ZIP WEST PALM BCH, FL 00000
TITLE ST
NAME DUDE, HAROLD
STREET ADDRESS 6585 DILLMAN RD EXT.
CITY - ST - ZIP WEST PALM BCH, FL
TITLE
NAME
STREET ADDRESS
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NAME
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CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] HAROLD DUDE 1/15/96 407 1283-4795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)