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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name F12858 (9)

FAIRGROUND FARMS, INC.

Principal Plac	a of Rusinges	Mailing	Addrone			·			
Principal Place of Business 500 AUSTRALIAN AVE S		Mailing Address							
1 110		500 AUSTRALIAN AVE S 110							
WEST PALM BEACH FL 33401		WEST PALM BEACH FL 33401				DO NOT WRITE IN THIS SPACE			
US		U\$					3. Date Incorporated or Qualified 12/24/1980		
	Place of Business	2a. Mailir	ng Address				4. FEI Number		Applied For
21	H -4-	26			···	····	59-2134077		Not Applicable
Suite, Apt. #, etc.		27					5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City 8	Cily & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip		Cou	ıntry	1	8. This corporation owes or has paid the cu	rrent year	Intappible
24	26	29		30	<b>,</b>			Yes	No
	g, Name and Address of Curre	nt Registered	Agent			T	10. Name and Address of New Registered	Agent /	
	IDE, HARALD				81	Name			
500 AUSTRALIAN AVE S Suite 110					82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
WE	EST PALM BEACH FL 33401				83				
					84	City	FL	<b>85</b> Zi	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorated agent, or both, in the State of Florida.						e-named corporate	poration submits this statement for the purpose of poration's board of directors. I become account the com-	e changing	j its registered
agent. I a	m familiar with, and accept the oblig	ations of, Secti	on 607.0505, F	lorida Stat	utes	s ine corporar S.	toris board or directors. Thereby accept the app	Minument a	as registered
SIGNATURE	Signature, typed or printed name of registered ag-	est and life if anulo	this (NC	TF Registerer	i Ano	ent signature requir	ed when reinstating) DATE		
12.		ID DIRECTORS		13.	- Age	ent signature reduit	ADDITIONS/CHANGES TO OFFICERS AND	DIBECTO	ORS IN 12
TITLE	DP		DELETE	1.1 T	ΓLE		The state of the s	Change	
NAME	<b>DUDE</b> , HARALD			1.2 NA	ME				
STREET ADDRESS	6585 DILLMAN RD EXT.			1.3 S1	REET	ADDRESS			
CITY-ST-ZIP	WEST PALM BCH, FL 00000			1,4 00	TY-S	T-ZIP			
TITLE	ST		DELETE	2,1 (1)	TLE			Change	e 🔲 Addition
NAME	DUDE, HARALD			2.2 NA	ME				
STREET ADDRESS	6585 DILLMAN RD EXT.			2.3 ST	REET	ADDRESS			
CITY-ST-ZIP	WEST PALM BCH. FL		_	2.4 C	IY-S	ST - ZIP			
TITLE			☐ DELETE	3.1 Til	ILE			Change	e Addition
NAME				3.2 NA	ME				
STREET ADORESS				3.3 ST	REET.	ADDRESS			
CITY-ST-ZIP			DELETE	3.4. Ci		IT-ZIP			
TITLE			☐ DELET <b>e</b>	4.1 Til				L Change	e 🗀 Addition
NAME COURT ADDOCCO				4. 2 N/					
STREET ADDRESS				1		ADORESS			
CITY+ST-ZIP TITLE			☐ DELET <b>E</b>	4.4 CIT 5.1 TIT		1- ZIP		Change	e Addition
NAME				5.2 NA				снапус	, La Rocilion
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				5.3 ST					
TITLE			DELETE	6170		1 - th.		Change	Addition
NAME				6.2 NA				Augura Compa	
STREET ADDRESS	<i>x</i>					ADDRESS			
CITY-ST-ZIP				64 01					İ

14. Thereby certify that the information supplied with indicated on this annual report or supplier mital an officer or director of the corporation or the receive Block 12 or Block 13 if changed, or on an attack in his thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in discreport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or I history of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

May 04 1998 8:00am

Secretary of State