

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90041 016 \*\*\*150.00

US5644

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| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F79320**  
 1. Corporation Name  
**G.R. SUGARCANE FARM, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>CARSON, DONALD W.<br>316 ROYAL POINCIANA PLAZA.<br>PALM BEACH FL 33480 | Mailing Address<br>CARSON, DONALD W.<br>316 ROYAL POINCIANA P.AZA.<br>PALM BEACH FL 33480 |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 340 Royal Poinciana Way<br>Suite, Apt. #, etc.<br>22 Suite 316<br>City & State<br>23 Palm Beach, FL<br>Zip Country<br>24 33480 25 USA | 2a. Mailing Address<br>26 340 Royal Poinciana Way<br>Suite, Apt. #, etc.<br>27 Suite 316<br>City & State<br>28 Palm Beach, FL<br>Zip Country<br>29 33480 30 USA |
|--|---|

|   |                                |  |
|---|--------------------------------|--|
| 3. Date incorporated or Qualified<br>04/19/1982   | 4. FEI Number<br>59-2201757    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |  |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |  |

9. Name and Address of Current Registered Agent  
**CARSON, DOANLD W.**  
**316 ROYAL POINCIANA PLAZA,**  
**PALM BEACH FL 33480**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 340 Royal Poinciana Way  
 83 Suite 316  
 84 City  
 Palm Beach FL 85 Zip Code  
 33480

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: \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | DPST <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CARSON, DONALD W                     | 1.2 NAME  |   |
| STREET ADDRESS             | 316 ROYAL POINCIANA PLAZ             | 1.3 STREET ADDRESS                                    | 340 Royal Poinciana Way, Suite 316                                |
| CITY-ST-ZIP                | PALM BEACH FL 33480                  | 1.4 CITY-ST-ZIP                                       | Palm Beach, FL 33480  |
| 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 type="checkbox"/> DELETE      | 3.1 TITLE   | <input type="checkbox"/> Change <input 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 type="checkbox"/> DELETE      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 5.2 NAME  |   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald W. Carson President 3/25/99 561-655-6303  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)