

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002947 (9)

1. Corporation Name
D & W FARMS, INC.

Principal Place of Business
5096 SW 88TH TERRACE
COOPER CITY FL 33328

Mailing Address
5096 SW 88TH TERRACE
COOPER CITY FL 33328



| | | | |
|---|---------------------|--|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | | 30 | |
| g. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| SAMANIC, MARGARET 5096 SW 88TH TERRACE COOPER CITY FL 33328 | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PT NAME SAMANIC, DONALD R STREET ADDRESS 5096 SW 88TH TERRACE CITY - ST - ZIP COOPER CITY FL 33328 | 1.1 TITLE | |
| | <input type="checkbox"/> DELETE | 1.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | V NAME SAMANIC, DONALD R JR STREET ADDRESS 5096 SW 88TH TERRACE CITY - ST - ZIP COOPER CITY FL 33328 | 1.3 STREET ADDRESS | |
| | <input checked="" type="checkbox"/> DELETE | 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | S NAME SAMANIC, MARGARET STREET ADDRESS 5096 SW 88TH TERRACE CITY - ST - ZIP COOPER CITY FL 33328 | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 2.2 NAME | |
| TITLE | | 2.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 3.2 NAME | |
| TITLE | | 3.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 4.2 NAME | |
| TITLE | | 4.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 5.2 NAME | |
| TITLE | | 5.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 6.2 NAME | |
| TITLE | | 6.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Margaret Samanic Margaret Samanic 2-4-96 954-434-3280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)