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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

(1)

PONY EXPRESS FARMS, INC.

**FILED** Apr 16, 1996 08:00 AM **Secretary of State** 



Principal Place of Business Mailing Address  20 UNIVERSITY RD 20 UNIVERSITY RD. CAMBRIDGE MA 02138 C/O PSDI US CAMBRIDGE MA 0213 US			3. Date Incorporated or Qualified 3a. Date of Last Report		
		······································		06/23/1983	03/14/1995
<u></u>		2a. Mailing Address 26		4. FEI Number	Applied For
Suite, Apt. #, etc		Suite, Apl. #, etc		59-2304774	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State		6. Election Campaign Financing	55.00 May Be
Zip	Country		Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, es. □ No
	9. Name and Address of Cui	rent Registered Agent		10. Name and Address of New	
W. PALI	JEDFORD MEWS CT.  J BCH. FL 33414  the provisions of Sections 607.6 ad agent, or both, in the State of Fit, and accept the obligations of Sections 607.6		83 13891 84 (Same	Parberry Drivers Not Accepted Barberry Drivers 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FL 85 (Zip Code)
SIGNATURE _	Signature Special or practical name of registeriors	perhabition tank species (final)	E. Bugietared Agend signature record	of when remiscation	DATE
12.		AND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	DPT	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	DANIELS, ROBERT L 13368 POLO ROAD, UNIT	004 V	1.2 NAME		
CITY-ST-ZIP	WEST PALM BEACH FL	204·A	13 STREET ADDRESS		
TITLE	S	□ DELETE	14 G/TY - ST - 7/P 2 1 T-TLF		Change Addition
NAME	STANZLER, ALAN L	L	2.2 NAME		☐ Change ☐ Add-tion
STREET ADDRESS	20 BEACON STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		2 4 CITY - ST - ZIP		
TITLE		☐ DELFTE	3 1 FITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY - ST - ZIP TITLE		En course	3 4 CiTY - \$1 7 in		
NAME		[]] DELETE	4 I JifLê		Change Addition
STREET ADDRESS			4.2 NAME		
			4.3 STREET ADDRESS		
DITY-SI-ZIP TITLE		DELETE	4.4.0(*Y+S1+Z)?		
IAME		recut	5 1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CHTY+ST-ZIP			5.4 City - ST-7IF		
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		C change C Addition
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-2IP			64 CHV - ST. 7.P		
<ol> <li>I do hereby certify that to eath; that I appears in I</li> </ol>	certify that the information supplie the information indicated on this ar am an officer or director of the cor Block 12 or Block 13 if changed o	o with this fing is voluntarily famis inual report or supplemental annua pasition or the receiver or trusteer if on a lattachiment with an addres	hed and does not qualify for	or the exemption stated in Section 119 te and that my signature shall have the sireport as required by Chapter 607, FI	.07(3)(k), Florida Statutes. I further same legal effect as if made under lorida Statutes; and that my name

SIGNATURE:

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT L. DANIELS 4-8-96 617-661-1441