

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

|                                               |                                                                                   |                                                                                                           |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 FEB -2 PM 2:37

|                                                                                          |
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| <b>DOCUMENT # H28615 (3)</b><br>1. Corporation Name<br><b>INGEBORG FARMS CORPORATION</b> |
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|                                                                                                                                |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>251 ROYAL PALM WAY<br/>C/O MENDOZA,CALLAS&amp;SCHILLING.POB 2715<br/>PALM BEACH FL 33480</b> | Mailing Address<br><b>251 ROYAL PALM WAY<br/>C/O MENDOZA,CALLAS&amp;SCHILLING.POB 2715<br/>PALM BEACH FL 33480</b> |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 25 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Country             |
| 24                             | 29                     |

|                                                                                                                                                             |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/31/1984</b>                                                                                                      | 3a. Date of Last Report<br><b>02/15/1994</b> |
| 4. FEI Number<br><b>59-2462451</b>                                                                                                                          | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |

|                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><br><b>MENDOZA, CALLAS &amp; SCHILLING<br/>251 ROYAL PALM WAY<br/>6TH FLOOR<br/>PALM BEACH FL 33480-1310</b> |
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|                                                       |
|-------------------------------------------------------|
| 10. Name and Address of New Registered Agent          |
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| FL 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 reappointing) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PST                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WICKY, THOMAS P.         | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 251 ROYAL PALM WAY       | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | PALM BEACH FL            | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                        | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WICKY, THOMAS P.         | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 251 ROYAL PALM WAY       | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | PALM BEACH FL            | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | AS                       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DE MENDOZA, MARIO G. III | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 251 ROYAL PALM WAY       | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | PALM BEACH FL            | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                          | 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                      |                          | 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                      |                          | 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 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:  (x) 1/29/94 (407) 655-6611  
 Thomas P. Wicky, President