

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H29945

(3)

1. Corporation Name

RED HAWK FARMS, INC.



Principal Place of Business

550 SOUTH OCEAN BLVD  
APT. 309  
BOCA RATON FL 33432

Mailing Address

550 SOUTH OCEAN BLVD  
APT. 309  
BOCA RATON FL 33432

3. Date Incorporated or Qualified

11/13/1984

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1255 W. Atlantic Blvd

26 1255 W. Atlantic Blvd

4. FEI Number

59-2466334

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 22

27 Suite 22

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 Pompano Beach, FL

28 Pompano Beach, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33069

25 Broward

29 33069

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKENSON, DAVID B.  
980 N FEDERAL HWY  
STE 410  
BOCA RATON FL 33432

81 Name

Morton Zahler

82 Street Address (P.O. Box Number is Not Acceptable)

1255 W. Atlantic Blvd. Suite 22

83

84 City

Pompano Beach,

FL

85 Zip Code

33069

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

*Morton Zahler*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PD  
ZAHLER, MORTON  
STREET ADDRESS  
550 S OCEAN BVD 309  
CITY-ST-ZIP  
BOCA RATON FL

TITLE ☐ DELETE

NAME  
S  
ZAHLER, JO ANN  
STREET ADDRESS  
550 S OCEAN BVD 309  
CITY-ST-ZIP  
BOCA RATON FL

TITLE ☐ DELETE

NAME  
T  
ZAHLER, KENNETH BRUCE  
STREET ADDRESS  
550 S OCEAN BVD 309  
CITY-ST-ZIP  
BOCA RATON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

1. TITLE

2. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ 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:

*Jo Ann Zahler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JO Ann Zahler

4/22/96

Date

957 941 2009

Daytime Phone #

CR2E034 (12/95)