

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H66951** (5)

1. Corporation Name

CHEROKEE FARMS, INC.



Principal Place of Business

**16601 ROYAL POINCIANA COURT
FT. LAUDERDALE FL 33326**

Mailing Address

**16601 ROYAL POINCIANA COURT
FT. LAUDERDALE FL 33326**

3. Date Incorporated or Qualified
07/17/1985

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2573126

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

25

Country

29

Zip

30

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution ☐

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

81 Name

82

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

83

84 City

FL

85 Zip Code

**THAW, MITCHELL
16601 ROYAL POINCIANA COURT
FT. LAUDERDALE FL 33326**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **THAW, MITCHELL**

STREET ADDRESS **16601 ROYAL POINCIANA CT**

CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **STD** ☐ DELETE

NAME **FRIEDFERTIG, MARK**

STREET ADDRESS **16601 ROYAL POINCIANA CT**

CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP.** ☐ DELETE

NAME **Norman Thaw**

STREET ADDRESS **16601 Royal Poinciana CT.**

CITY-ST-ZIP **FT Lauderdale FL 33326**

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

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

VP.DIR.

Norman Thaw

16601 Royal Poinciana CT.

FT Lauderdale FL 33326

Change ☐ Addition ☒

Change ☐ Addition ☐

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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: **Norman Thaw** J.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96x

X 954 389-0374

DATE

REGISTRATION #

CP2E034 (12/95)