

**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 <b>07/17/1985</b>	3a. Date of Last Report <b>03/28/1995</b>
4. FEI Number <b>59-2573126</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent <b>THAW, MITCHELL 16601 ROYAL POINCIANA COURT FT. LAUDERDALE FL 33326</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signed on record. I when recording)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>THAW, MITCHELL</b>	1.1 TITLE <b>VP, DIR.</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS <b>16601 ROYAL POINCIANA CT</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	1.2 NAME <b>Norman Thaw</b>	
TITLE <b>STD</b>	NAME <b>FRIEDFERTIG, MARK</b>	1.3 STREET ADDRESS <b>16601 Royal Poinciana Ct.</b>	
STREET ADDRESS <b>16601 ROYAL POINCIANA CT</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP <b>FT Lauderdale FL 33326</b>	
TITLE <b>VP.</b>	NAME <b>Norman Thaw</b>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS <b>16601 Royal Poinciana Ct.</b>	CITY-ST-ZIP <b>FT Lauderdale FL 33326</b>	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS <b>600001750476</b>	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP <b>03/20/96 01016-004</b>	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
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: *Norman Thaw J.P.* DATE: **3-5-96** **12/3-19**

CP2E034 (12/95)