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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33326-1717



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

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/17/1985

3a. Date of Last Report

03/19/1996

4. FEI Number

59-2573126

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THAW, MITCHELL
STREET ADDRESS 16601 ROYAL POINCIANA CT
CITY-ST-ZIP FT. LAUDERDALE FL
TITLE STD
NAME FRIEDFERTIG, MARK
STREET ADDRESS 16601 ROYAL POINCIANA CT
CITY-ST-ZIP FT. LAUDERDALE FL
TITLE VPD
NAME THAW, NORMAN
STREET ADDRESS 16601 ROYAL POINCIANA COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33326

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 only an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/97 984 389-0374
Date Daytime Phone #

0286815

CR2E034 (9/96)