FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H99160

(4)

FILED									
May 04 1998 8:00am									
Secretary of State									

SOUTH	IFIELD FARMS CORPORATION	ON			,				
Principal Place	e of Business	Mailing Address		1				ili dib il işş i	
500 AUSTRALIAN AVE S		500 AUSTRALIAN AVE S							
110 WEST PALM BEACH FL 33401 US		110 West Palm Beach Fl 33401 US							
						DO NOT WRITE IN THIS SPACE			
03		03				3. Date Incorporated or Qualified			
2 Principal P	lace of Business	2a. Mailing Address		·		02/13/1986 4. FEI Number	- 1 1	pplied For	4
21	1200 01 203 11000	26				65-0007561	Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				-2	 	Additional	7
22		27				5. Certificate of Status Desired	Fee R	equired	_
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be	1
23		28				Trust Fund Contribution		to Fees	4
Zip	Country	Zφ	Cou	ntry		8. This corporation owes or has paid the cu			
24	25 g. Name and Address of Curren	1 Registered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes -	<u>=====================================</u>	-
DI I	DE, HARALD	t tragistores Agent		B1	Name	10. Hante and Address of Hest Hegistered	VAcur		1
	DAUSTRALIAN AVE S)						4
	TE 110			B2	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
	ST PALM BEACH FL 33401		İ	вз					1
			ļ	54	City		les 7ie	Codo	┦
			B4 City			FL	85 Zip	Code	
11, Pursuant to office or re agent. La	to the provisions of Sections 607.0502 agistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a attions of, Section 607.0505, Flo	es, the at uthorized rida Stati	ove by ites	-named corpo	orporation submits this statement for the purpose oration's board of directors. I hereby accept the appraisance of the purpose	f changing i pointment as	ts registered registered]
SIGNATURE	_								
	Signature, typed or printed name of registered ager			Ager	nt signature re	quired when reinstating) DATE			15
12.	OFFICERS AND	DELETE DELETE	13. TE 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	- ଞ
NAME	DUDE, HAROLD						C Change	LT HOURSH	15
STREET ADDRESS	8585 DILLMAN ROAD		1.2 NAME 1.3 STREET ADDRESS		ADDRESS				g
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY - ST - ZIP						CR2E034 (10/97)
TITLE	D	☐ DELETE		2.1 TITLE			Change	Addition	ქხ
NAME	DUDE, HAROLD		2.2 NAME		ĺ				
STREET ADDRESS	6585 DILLMAN RD		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	W. PALM BEACH FL		2. 4 CITY-ST-ZIP		T-ZIP				
TITLE			3.1 TIT	1E			☐ Change	Addition	1
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET		ADDRESS				1
CITY-ST-ZIP			3.4. CITY-		r - ZIP				-
TITLE		DELETE	4.1 TITLE				L Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET						
CITY-ST-ZIP		DELETE	4.4 CITY - ST -		- ZIP		Change	Addition	┨
TITLE NAME		בין מכנכונ	5.1 TITLE				CHENIA:	LL Audition	
STREET ADDRESS			5.2 NAME		ADDRESS				
CITY-ST-ZIP			5.4 CIÉ						
TITLE		DELETE	6 1 TIT		- 115		Change	Addition	┨
NAME			6.2 NA					. 100.1.011	1
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP			6.4 CIT						
	ertify that the information supplied wi	th this filing does not qualify fo				in Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the	information	1