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PROFIT CORPORATION ANNUAL REPORT

1006



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

レしじしい	MENT # <b>J092</b>	256	(5)							
1. Corporation	Name EN BOREK FARMS, INC.		(0)						<u>                                     </u>	
Principal Place of Business Ma			iling Address  * Martina M. Borek							
12110 SW 2 PRINCETON	248TH ST		12110 SW 248TH ST PRINCETON FL 3303				Date Incorporated or Qualified	30 D	te of Last Re	poort
							04/14/1986	Sa. Da	05/01/1	
, Principal Plac	ce of Business		Mailing Address				4. FEI Number 59-2672309		<b>———</b>	Applied For
Suite, Apt. #	etc	26	Suite, Apt. #, etc.							Not Applicable Additional
	, 000.	27					5. Certificate of Status Desired			Pequired
City & State		28	City & State				<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			D May Be d to Fees
Žip	Country 25	29	Zıp	Cour	itry		This corporation has liability for Florida Statutes	intangible	tax under s	199.032,
L	9. Name and Address of Cur		ered Agent	1901			10. Name and Address of New F		d Agent	
					B1 Name					
BOREK, MARTINA M. 12110 SW 248TH ST			82 Stree			Addres	s (P.O. Box Number is Not Acceptal	ole)		
	ETON FL 33032			Ī	83					
				-	84 City			FI	<b>85</b> Zip	Code
or registere	ed agent, or both, in the State of F	lorida, Such	change was authorize	ed by the ca	re-named co orporation's	orporati board	ion submits this statement for the pu of directors. I hereby accept the app	rpose of c ointment a	hanging its reas	egistered office agent. I am
familiar with	n, and accept the obligations of, S	Section 607 (	うたいた ニシャ・スペッ じょったっけっと							
		,000,000,007,0	5505, Florida Statutes							
IGNATURE _	Signature, typed or printed name of registered a	agent and title if a	pplicable (NO	16: Registered /	Agent signature r	required w		DATE	ID DIRECTO	RS IN 12
IGNATURE	OFFICERS		pplicable (NO	1E: Registered a		required w	ADDITIONS/CHANGES TO OF	DATE	ID DIRECTO	RS IN 12
BIGNATURE	OFFICERS PD	agent and title if a	pplicable (NO	16: Registered /	LE	тоций од м		DATE		
EIGNATURE E	OFFICERS PD BOREK, MARTINA M.	agent and title if a	pplicable (NO	16: Hogistered A 13. 1 1 111	LE	required w		DATE		
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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** 

Matura Bonk, Vis- MARTINA BUREK.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/38/96

Daytime Phone #