

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 1995 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J95543** (1)
1. Corporation Name
CHESTNUT HILL FARMS, INC.

Principal Place of Business: **1500 PORT BLVD. DODGE ISLAND MIAMI FL 33132**
Mailing Address: **1500 PORT BLVD. DODGE ISLAND MIAMI FL 33132**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **10/05/1987** 3a. Date of Last Report: **01/28/1994**
4. FEI Number: **59-2851034** Applied For: Not Applicable
5. Certificate of Status Deared: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for interstate tax under 15. North Florida Statutes: Yes No

2. General Mailing Address: **1500 PORT BLVD. DODGE ISLAND MIAMI FL 33132**
2a. Mailing Address: **1500 PORT BLVD. DODGE ISLAND MIAMI FL 33132**
21. Suite Apt # etc: 26. Suite Apt # etc:
22. City & State: 27. City & State:
23. Zip: 28. Zip:
24. Country: 25. Country: 29. Country: 30. Country:

9. Name and Address of Current Registered Agent
CAMPO, OTTO
1470 PORT BLVD
DODGE ISLAND
MIAMI FL 33132-6920
CT CORPORATION
1200 So. Pines Isl. Rd.
Plantation, FL 33324

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 197.01(5) and 197.11(6), Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment of registered agent I am familiar with and agree to the provisions of Section 197.01(5) Florida Statutes.

SIGNATURE: *[Signature]*
Name: **Becker, David**

12. OFFICERS AND DIRECTORS

PT	BRESKY, HARRY H. 9000 WEST 67TH STREET SHAWNEE MISSION KS
AS	BROWN, LLOYD F. Becker, David 9000 WEST 67TH STREET SHAWNEE MISSION KS
EV	ROMERO, RAUL 7520 NW 50TH CT CORAL SPRINGS FL
S	RODRIGUES, JOE 9000 WEST 67TH STREET SHAWNEE MISSION KS

13. ADDITIONS, CHANGES, TO OFFICERS, AND DIRECTORS (If Any)

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, that the corporation is listed on the annual report or supplementary annual report as filed and in compliance with the provisions of the Florida Statutes and that the corporation shall have the same responsibility and made under the laws of the State of Florida. The undersigned certifies that the report is prepared by a qualified person in accordance with the provisions of the Florida Statutes and that the same is true and correct.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (303) 530-4700