

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 03 1996 8:00 am
Secretary of State

DOCUMENT # **J95543** (1)

1. Corporation Name
CHESTNUT HILL FARMS, INC.



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

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

3. Date Incorporated or Qualified **10/05/1987** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2851034** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Funds Contribution **\$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

9. Name and Address of Current Registered Agent

**CT CORPORATION
1200 SO. PINES ISL RD.
DODGE ISLAND
PLANTATION FL 33324**

81 None
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) 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, Sections 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	BRESKY, HARRY H.	
STREET ADDRESS	9000 WEST 67TH STREET SHAWNEE MISSION KS	
CITY-STATE-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BECKER, DAVID	
STREET ADDRESS	9000 WEST 67TH STREET SHAWNEE MISSION KS	
CITY-STATE-ZIP		
TITLE	EV	<input type="checkbox"/> DELETE
NAME	ROMERO, RAUL	
STREET ADDRESS	7520 NW 50TH CT CORAL SPRINGS FL	
CITY-STATE-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUES, JOE	
STREET ADDRESS	9000 WEST 67TH STREET SHAWNEE MISSION KS	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	J. E. Rodrigues	
13 STREET ADDRESS	9000 W. 67th Street	
14 CITY-STATE-ZIP	Shawnee Mission, KS 66202	
21 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	H. H. Bresky	
23 STREET ADDRESS	200 Boylston Street	
24 CITY-STATE-ZIP	Chestnut Hill, MA 02167	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Marshall L. Tutun, Esq.	
43 STREET ADDRESS	One Post Office Square	
44 CITY-STATE-ZIP	Boston, MA 02109	
51 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Rick J. Hoffman	
53 STREET ADDRESS	9000 W. 67th Street	
54 CITY-STATE-ZIP	Shawnee Mission, KS 66202	
61 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Jack S. Miller	
63 STREET ADDRESS	9000 W. 67th Street	
64 CITY-STATE-ZIP	Shawnee Mission, KS 66202	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and I do not qualify for the exemption set forth in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. 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 in change, or on an attached list with an address.

SIGNATURE: *David M. Becker* David M. Becker, Asst. Sec. 3/ /96 (913) 676-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)