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

FILED May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT #
1. Corporation Name (1) J95543 CHESTNUT HILL FARMS, INC. Principal Place of Business Mailing Address 1500 PORT BLVD. 1500 PORT BLVD. **DODGE ISLAND** DODGE ISLAND DO NOT WRITE IN THIS SPACE MIAMI FL 33132 MIAMI FL 33132 3. Date Incorporated or Qualified <u>10/05/1987</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 59-2851034 Not Applicable 5 mut 26 ひんぐんか Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □No 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Name CT CORPORATION 1200 SO. PINES ISL RD. Street Address (P.O. Box Number is Not Acceptable) R2 DODGE ISLAND 83 PLANTATION FL 33324 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE RODRIGUES, J E NAME 1.2 NAME 9000W 67TH ST STREET ADDRESS 1.3 STREET ADDRESS SHAWNEE MISSION KS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ■ Addition TITLE Change 2.1 TITLE **BECKER, DAVID** NAME 2.2 NAME 9000 WEST 67TH STREET STREET ADDRESS 2.3 STREET ADDRESS **SHAWNEE MISSION KS** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE ROMERO, RAUL NAME 3.2 NAME 7520 NW 50TH CT STREET ADDRESS 3.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE TUTUN, MARSHALL L ES NAME 4 2 NAME ONE POST OFFICE SQUARE STREET ADDRESS 4 3 STREET ADDRESS **BOSTON MA** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE VP DELETE Change Addition 5.1 TITLE STEER, ROBERT NAME 5.2 NAME 9000W 67TH ST STREET ADDRESS 5.3 STREET ADDRESS **SHAWNEE MISSION KS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change 6.1 TITLE ■ Addition TITLE BOYLSTON ST.

14. Thereby 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 of justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver Block 12 or Block 13 if changes, or on an attachr ith an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

200

CHESTNUT HILL MASS.

02167

BRESKY, H.H.

1200 S PINES ISL RD

DODGE ISLAND PL

NAME

STREET ADDRESS

CITY-ST-ZIP