

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K00809** (9)

1. Corporation Name

OAKLEY FARMER, INC.



Principal Place of Business

**C/O OAKLEY FARMER
396 NW 47 STREET
FT. LAUDERDALE FL 33309**

Mailing Address

**C/O OAKLEY FARMER
396 NW 47 STREET
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified
11/03/1987

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FARMER, OAKLEY
396 NW 47 STREET
FT. LAUDERDALE FL 33309**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 officer 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 for this filing

Signature typed or printed name of registered agent for this filing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	D FARMER, OAKLEY	396 NW 47 STREET	FT. LAUDERDALE FL	☐
	S FARMER, SUNIE	396 NW 47 STREET	FT. LAUDERDALE FL	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	DELETE
				☐
				☐
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oakley Farmer

2-13-96
Date

954-441-0144
Daytime Phone #

CR2E034 (12/95)