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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

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Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K28515

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VOREN'S AVIARIES, INC.

appears in Block 12 or Block

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	of Business			-						
% HOWARD VOREN 1538 °E" RD				% HOWARD VOREN 1538 "E" RD			'			
LOXAHATCHEE	FL 33470		LOX	KAHATCHEE FL 3347	70-4883			rite de la	D. 1	
							3. Date Incorporated or Qua 07/15/1988		Date of Last R 5/01/1996	eport
2. Principal Pl	ace of Busines	S	2a.	Mailing Address			4. FEI Number		<b>├</b>	plied For
21			26				65-0113093			t Applicable
Suite, Apt. ( 22	#, elc		27	Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 🗆	\$8.75 A	
City & State				City & State			6. Election Campaign Finance	oing	\$5.00	May Be
23			28				Trust Fund Contribution		Added	
Zip		Country		Zip	Cour	ntry	8. This corporation has liabit	ity for intergit	ble tax under s	. 199.032,
24	25		29		30		Florida Statutes		□ No	
		nd Address of C	urrent Hegist	ared Agent		B1 Name	10. Name and Address of N	am Hadistate	C AGent	
	en, Howari	D								
	"E" RD					82 Street Add	iress (P.O. Box Number is Not Ac	ceptable)		
LOX	AHATCHEE F	L 33470			}	B3				<del> </del>
						63				
					ľ	84 City		F	<b>85</b> Zip	Code
				7 4500 Ft 34- 01	-1.1					to registered
11. Pursuant t office or re	to the provision eo:stered ager	ns of Sections 60: nt. or both, in the	7.0502 and 60 State of Florid	i7.1508, Fiorida Sta ia. Such change w	atutes, the ab as authorized	ove-named cor by the corpora	poration submits this statement fo ation's board of directors. I hereby	r the purpose accept the a	ppointment as	registered
agent Lar	m familiar wilh	and accept the	obligations of,	Section 607.0505	, Florida Statı	ites.	·	•		•
SIGNATURE	<b>.</b>									······································
CICATALL CITE				·····						
	Signature typed or	printed name of registe				Agent signature requ	APPLITIONS/CHANGES TO	DATE		C 1M 20
12.			red agent and titic if S AND DIREC	TORS	13.		ared when reinstating) ADDITIONS/CHANGES TO		ND DIRECTOR	
12. THE	PD	OFFICER			13. 1.1 Til	LE				
12. THE NAME	PD Voren, H	OFFICER:		TORS	13. 1.1 TiT 1.2 NA	LE ME			ND DIRECTOR	
TITLE NAME STREET ADDRESS	PD Voren, H 1538 "E" R	OFFICER DWARD D		TORS	13. 1.1 TIT 1.2 NAI 1.3 STE	le Me Reet address			ND DIRECTOR	
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