

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 # K65727 (5)

1. Corporation Name

OSTRICH FARMS OF NORTH AMERICA, INC.

Principal Place of Business

10507 U.S. HIGHWAY 301 S.  
RIVERVIEW FL 33569

Mailing Address

10507 U.S. HIGHWAY 301 S.  
RIVERVIEW FL 33569



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

3. Date Incorporated or Qualified	3a. Date of Last Report
02/10/1989	01/31/1995
4. FEI Number	Applied For
59-2970864	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

WILSON, MARY NELL  
10507 U.S. HIGHWAY 301 SOUTH  
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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

*Mary Nell Wilson*

(Typed Name of Registered Agent) Signature Required When Not Applicable

FL

85 Zip Code

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	WILSON, JAMES T.	
STREET ADDRESS	10507 U.S. HIGHWAY 301 S.	
CITY - ST - ZIP	RIVERVIEW FL	
TITLE	P	DELETE
NAME	WILSON, MARY N.	
STREET ADDRESS	10507 U.S. HIGHWAY 301 SOUTH	
CITY - ST - ZIP	RIVERVIEW FL	
TITLE	S	DELETE
NAME	MOOHAN, JAMES	
STREET ADDRESS	415 CACTUS CIRCLE	
CITY - ST - ZIP	SEFFNER FL	
TITLE	T	DELETE
NAME	LEWIS, BETH	
STREET ADDRESS	4507 COUNTRYGATE CT.	
CITY - ST - ZIP	VALRICO FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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:

*Mary Nell Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 (813) 671-1665

CR2E034 (12/95)