

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K74983 (3)
1. Corporation Name
HERITAGE FARMS INC.

Principal Place of Business Mailing Address
C/O THOMAS B. HOMRICH
6594 PARK LANE WEST
LAKE WORTH FL 33467
C/O THOMAS B. HOMRICH
6594 PARK LANE WEST
LAKE WORTH FL 33467



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1989	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 65-0268459	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOMRICH, THOMAS B.
6594 PARK LANE WEST
LAKE WORTH FL 33463

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		DATE	
Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	HOMRICH, THOMAS B.		
STREET ADDRESS	6594 PARK LANE WEST		
CITY-ST-ZIP	LAKE WORTH FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	HOMRICH, SUZANNE		
STREET ADDRESS	6594 PARK LANE WEST		
CITY-ST-ZIP	LAKE WORTH FL		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	
NAME	HOMRICH, GEORGE A.		
STREET ADDRESS	BOX 328 ROUTE 1		
CITY-ST-ZIP	BOYNTON BEACH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2	NAME		
1.3	STREET ADDRESS		
1.4	CITY-ST-ZIP		
2.1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2	NAME		
2.3	STREET ADDRESS		
2.4	CITY-ST-ZIP		
3.1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY-ST-ZIP		
4.1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY-ST-ZIP		
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY-ST-ZIP		
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2	NAME		
6.3	STREET ADDRESS		
6.4	CITY-ST-ZIP		

14. I hereby 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 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: Suzanne M. Homrich 1-7-97 561-641 7147

CR2E034 (10/97)