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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # K87080

(3)

ORLANDO PFUNNY PFARM, INC.

		1-

Mailing Address

FILED
May 06 1997 8:00am
Secretary of State



14908 TILDEN ROAD WINTER GÄRDEN FL 34787			14908 TILDEN ROAD WINTER GARDEN FL 34787-5325							
						3. Date incorporated or Qualified 05/09/1989	3a. Date of L. 08/09/19			
2. Principal Place of Business		2a. Mailing Ad	ldress			4. FEI Number	, <u> </u>	Applied For		
21		26			59-2957122		Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & Stat	City & State			6. Election Campaign Financing Trust Fund Contribution			
Zip 24	2	Country 5	Zip		Counti	У	8. This corporation has liability for Florida Statutes	intangible ax un Yes No	der s. 199.032,	
			rent Registered Agen	t			10. Name and Address of New Re	gistered Agent		
)mas, jame				8.	Name				
14908 TILDEN ROAD WINTER GARDEN FL 34787					B	2 Street Ad	dress (P.O. Box Number is Not Acceptat	ole)		
					8:	3				
					84	4 City		FL 85	Zıp Code	
office or ا علے SIGNATURE	ZUM	or VInto	tate of Florida Such choligation by, Section 60				proration submits this statement for the pration's board of directors. I heroby acceptions	of the appointme	nt as registered	
12.			AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE				DELETE	1.1 TITLE			☐ Ch	ange Addition	
NAME		JAMES MILTON			1.2 NAME					
STREET ADDRESS		STATE RD 50			1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	WINTER G	ARDEN FL			14 CITY	S1-7IP				
TITLE			LJ	DELETE	21 TITLE	ĺ		∐ Ch	ange [] Addition	
NAME					2 2 NAME	ì				
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP TITLE	 		П	DELFTE	2. 4 City 3.1 Title			Ch	ange Addition	
NAME			L	Dettile	3.2 NAME			2.5 0	ango [] residon	
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP	1				3.4 CITY	1				
TITLE				DELETE	4.1 T(1L€			☐ Ch	ange Addition	
NAME	Ì				4. 2 NAM	E				
STREET ADDRESS					4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	 			DELETE	4.4 CiTY					
TITLE			LJ	DELETE	5.1 TITLE			∟ Ch	ange [] Addition	
NAME CTOSET ADDRESS					5.2 NAME					
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP TITLE	 		_	DELETE	5.4 CITY-			☐ Ch	ange Addition	
NAME				*	6.2 NAM)			J	
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP					6.4 CITY					
177			F. J. W. W. T. W.					1.6		

I do 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.