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

ROFIT PORATION AL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

L89507

(2)

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90021 005 ***150.00

IATIC FARMS, INC.							
e of Business	Mailing Address						
RATE BLVD NW	1800 CORPORATE BLVD NW SUITE 302 BOCA RATON FL 33431		'	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
V FL 33431	BOCA RATON PE 33-07		- 	07/23/1990 Applied For			
Place of Business	2a. Mailing Address			4. FEI Number 65-0230485 Not Applicable 88.75 Additional Fee Required			
1; #, etc.	Suite, Apt. #, etc. 27 City & State			6. Election Campaign Financing \$5.00 May Be Added to Fees			
ate	ZIP	Country		8. This corporation owes or has paid the current year thangon			
9. Name and Address of Curr	29 30 and		Namo	10. Name and Address of New Registered Agent			
9. Name and Address of Cur. 3AGDASARIAN, RICHARD C.		81		iress (P.O. Box Number is Not Acceptable)			
1800 CORPORATE BLVD NW			<u> </u>	iless (
SUITE 302 BOCA RATON FL 33431	,	83	<u> </u>	FL 85 Zip Code			
DOOK INTO		8	4 City	the this statement for the purpose of changing its registered			

ant 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 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 it. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

:. I am familiar with, and accept to			nen (erostating)	DATE	OBS IN 12
RE Signature, typed or printed name of re-	sistered agent and title it applica-	Registered Agent signature required w	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECT	ORS IN 12
D PENNEY, RICHARD	ERS AND DIRECTORS	1.1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP		Chan	C R2E034
BOYNTON BEACH FL	☐ DELETE	2.1 TITLE 2.2 NAME			
DRESS DIP	Name <u>A.S.OF.S</u>	OUTH FLORIDA		84	0151 10/96
ZIP	Pay to the Order of Dept.	of State	1 D	\$ 150.0	
DDRESS - ZIP	SouthTrust Bank		///	Dollars [ion
±DDRESS .T-ZIP	For <u>∠ ∀ '</u>	<i>950 7</i> 78:2250 2	/ <i>M</i> /20# 90		MP
T ADDRESS	and with this filing does not qualif	6.4 Ull1-31-48 1	in Section 119.07(3)(i), Hono ture shall have the same leg		oath: that I all dh
ST-ZIP	Sud with this filling does not qualif	y for the exemption stated.	ture shall have the same leg	al ellect as in industrial my n	ame appears in

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 if made under oath; that are and an indicated on this annual report or supplemental annual report is true and accurate and hat my signature shall have the same legal effect as if made under oath; that my name appears in officer or director of the corporation or the receiver or trustee empowered to execute this epont as required by Chapter 607, Florida Statutes; and that my name appears in slock 12 or Block 13 if changed, or on an adaptment with a address.