

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

0373962

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**99 MAR -4 PM 1:04**

**DOCUMENT # M09228**

1. Corporation Name  
**STEWART FARMS MANAGEMENT CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**8344 W BOYNTON BCH BLVD  
BOYNTON BCH FL 33425**

Mailing Address  
**PO BOX 740012  
BOYNTON BCH FL 33474**

*Handwritten initials*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **c/o SunTrust Bank, South Fla., NA**

22 City & State

27 **P.O. Box 1150**

23 Zip Country

28 **Delray Beach, FL**

24 Zip Country

25

29 **33447**

30

3. Date Incorporated or Qualified  
**12/20/1984**

4. FEI Number  
**59-2478270**

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 owes the current year Intangible Personal Property Tax  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, D.E.  
1928 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33405**

81 Name  
**D. Scott Elliott**

82 Street Address (P.O. Box Number is Not Acceptable)  
**c/o Steel Hector & Davis LLP**

83 **777 South Flagler Drive, Suite 1900W**

84 City  
**West Palm Beach**

85 Zip Code  
**FL 33401-6198**

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 is 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 607.0502, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

March 2, 1999  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEWART, DOUGLAS E.</b>	
STREET ADDRESS	<b>1928 S. DIXIE HWY</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33405</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEWART, EARL D., JR.</b>	
STREET ADDRESS	<b>1928 S. DIXIE HWY</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33405</b>	
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		
11 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>STEWART, DOUGLAS McGREGOR</b>	
13 STREET ADDRESS	<b>3785 Yosemite Drive</b>	
14 CITY-ST-ZIP	<b>Okemos, MI 48864</b>	
21 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>CAIN, NAOMI</b>	
23 STREET ADDRESS	<b>8344 W. Boynton Beach Boulevard</b>	
24 CITY-ST-ZIP	<b>Boynton Beach, FL 33425</b>	
31 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>LUING, GARY A.</b>	
33 STREET ADDRESS	<b>2612 Lakefront Drive</b>	
34 CITY-ST-ZIP	<b>Lake Wales, FL 33853</b>	
41 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>PIEGEL, ROBERT J.</b>	
43 STREET ADDRESS	<b>c/o SunTrust Bank, 302 E. Atlantic Avenue</b>	
44 CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>	
51 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>FARRELL, JOHN M.</b>	
53 STREET ADDRESS	<b>130 Bloomfield Drive</b>	
54 CITY-ST-ZIP	<b>West Palm Beach, FL 33405</b>	
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 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, with all other like empowered.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert J. Piegel, Treasurer and Director**

**3-3-99**  
Date

**561-243-6737**  
Daytime Phone #

CR2E034 (11/98)