

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	--



DOCUMENT #

1. Corporation Name

SYCAMORE FARMS INC.

m90571

Principal Place of Business

Mailing Address

NEW ADDRESS →

39 CABINETMAKER LANE
CLEVELAND, GA 30528

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

7-21-88

3a. Date of Last Report

1996

4. FEI Number

65-0066717

Applied For

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

Yes No

10. Name and Address of New Registered Agent

81 Name

Lesley E. Bowen

82 Street Address (P.O. Box Number is Not Acceptable)

48 NE 15 STREET

83

84 City

Homestead

FL

85 Zip Code

33030

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

Lesley E. Bowen Lesley E. Bowen

5/12/97

Signature of principal officer or registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PRESIDENT

DELETE

NAME

SCOTT R. KINZIE

STREET ADDRESS

39 CABINETMAKER LANE

CITY-ST-ZIP

CLEVELAND, GA 30528

TITLE

RONALD C. KINZIE

DELETE

NAME

19800 S.W. 180 AVE. #46

STREET ADDRESS

MIAMI, FL 33187

CITY-ST-ZIP

MIAMI, FL 33187

TITLE

NAME

DELETE

STREET ADDRESS

NAME

DELETE

CITY-ST-ZIP

NAME

DELETE

TITLE

NAME

DELETE

STREET ADDRESS

NAME

DELETE

CITY-ST-ZIP

NAME

DELETE

TITLE

NAME

DELETE

STREET ADDRESS

NAME

DELETE

CITY-ST-ZIP

NAME

DELETE

TITLE

NAME

DELETE

STREET ADDRESS

NAME

DELETE

CITY-ST-ZIP

NAME

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRES. VP, TREAS. SEC.

Change

Addition

1.2 NAME

SCOTT R. KINZIE

1.3 STREET ADDRESS

39 CABINETMAKER LANE

1.4 CITY-ST-ZIP

CLEVELAND, GA 30528

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

600002193386
-05/28/97--01062--029
***165.00

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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:

SCOTT R. KINZIE PRES.

25 MAR 97

Date

706-865-9999

Daytime Phone #

BY AFFIRMING

CR2E034 (9/96)