SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** M96498 (4) HAGEN AGRICULTURAL PARK CORP. Principal Place of Business Ma:ling Address 2882 SMITH SUNDY ROAD 2882 SMITH SUNDY ROAD 7085 AYRSHIRE LANE 7085 AYRSHIRE LANE DELRAY BEACH FL 30446 **DELRAY BEACH FL 33446** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1988 05/01/1995 2. Principal Place of Bysiness Mailing Address 4. FEL Number Applied For "Smith Sundy R 2887 Smi 288Z 65-0104823 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Beach Trust Fund Contribution Added to Fees Country Palm Bd 8. This corporation has liability for intangible tax under s. 190 032 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOLF, STEVE 288Z SMITH SUNDY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33446** 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. Thereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relief at righ 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)TITLE DST DELETE 11 TITLE Change Addition NAME WOLF, STEVEN 1.2 NAME **CR2E034** 7085 AYRSHIRE LANE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY -ST - ZIP 1 4 CITY - ST - ZIP TITLE PD DELETE 2 1 TITLE Change Addition LEGUM, E. WAYNE NAME 22 NAME STREET ADDRESS 6284 W BOYNTON BCH BLVD 23 STREET ADDRESS CITY-ST-ZIP **BOYNTON BCH. FL** 2 4 CITY - ST - ZIP THILE DELETE 3.1 DD F Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHTY - ST - ZIP TITLE 61 TIFLE DELETE 700001910947^{ange} -08/01/96--01061--019 NAME 6.2 NAME: STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6 4 CITY - ST- ZIP upplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I fed on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if director of the exporation or the expirer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and as 13 if chapter 6,000 an attachment unit an address 14. I do hereby certify that the information further certify that the informati made under oath, that I am an that my name appears in Block SIGNATURE: GATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR