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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000844 (7)

1. Corporation Name

SMMLIN' ACRES FARM, INC.

Principal Place of Business

Mailing Address

11496 NORTHWEST 4 STREET
PLANTATION ACRES FL 33325

11496 NORTHWEST 4 STREET
PLANTATION ACRES FL 33325

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

65-072 8562

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

FRIED, Nancy

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

11496 NW 4th Street

83

84

Planned Name

FL

85

Zip Code

33325

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE

NAME FRIED, NANCY R
STREET ADDRESS 11496 NORTHWEST 4 STREET
CITY-ST-ZIP PLANTATION ACRES FL 33325

TITLE D ☐ DELETE

NAME TAUB, SCOTT D.V.M.
STREET ADDRESS 11496 NORTHWEST 4 STREET
CITY-ST-ZIP PLANTATION ACRES FL 33325

TITLE D ☐ DELETE

NAME POPKIN, STEVEN DR.
STREET ADDRESS 11496 NORTHWEST 4 STREET
CITY-ST-ZIP PLANTATION ACRES FL 33325

TITLE D ☐ DELETE

NAME NIERMAN, LOUIS
STREET ADDRESS 11496 NORTHWEST 4 STREET
CITY-ST-ZIP PLANTATION ACRES FL 33325

TITLE D ☐ DELETE

NAME BLACK, VAUGHN
STREET ADDRESS 11496 NORTHWEST 4 STREET
CITY-ST-ZIP PLANTATION ACRES FL 33325

TITLE D ☐ DELETE

NAME SIMON, RON DR.
STREET ADDRESS 11496 NORTHWEST 4 STREET
CITY-ST-ZIP PLANTATION ACRES FL 33325

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

Date

Deadline Phone

CR2037 (10/97)