

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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90061 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P34917					
1. Corporation Name SUNBURST FARMS, INC.					
Principal Place of Business 2200 N.W. 70TH AVE. MIAMI FL 33122			Mailing Address 2200 N.W. 70TH AVE. MIAMI FL 33122		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 PO Box 5132		07/30/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 A2-3		77-0175155	
City & State		City & State		Applied For	
23		28 Westlake Village, CA		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 91359-5132		30 USA	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
FREEMAN, STEPHEN A. 520 BRICKELL KEY DR., O-305 MIAMI FL 33131			81 Name Corporation Service Company		
			82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
			83		
			84 City Tallahassee		
			85 Zip Code 32301		
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 (See Attached)					
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					
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 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: David W. Perrigo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99
Date

818-879-6600
Daytime Phone #

CR2E034 (11/98)