

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000005890 (8)

1. Corporation Name

WILDROSE FARM HOLDING COMPANY



Principal Place of Business

5025 SW 62 AVE
MIAMI BEACH FL 33155
US

Mailing Address

5025 SW 62 AVENUE
MIAMI FL 33155
US

3. Date Incorporated or Qualified
11/18/1992

3a. Date of Last Report
01/25/1995

4. FEI Number

65-0372839

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINSON, EDWARD E
407 LINCOLN ROAD
PENTHOUSE
MIAMI BEACH FL 33139

81. Name

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

83.

84. City

FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE ☐ DELETE

NAME
SPARTI, PAULA
STREET ADDRESS
5025 S.W. 62 AVE.
CITY - ST - ZIP
MIAMI FL 33155

12. TITLE ☐ DELETE

NAME
OLIN, KAREN
STREET ADDRESS
5025 S.W. 62 AVE.
CITY - ST - ZIP
MIAMI FL 33155

13. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

14. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

15. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

16. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

17. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition

12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/15/96 X 305-669-9638
Date Daytime Phone

CR2E034 (12/95)