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 # **P93000011346 (2)**

1. Corporation Name

EQUITOR FARM, INC.

Principal Place of Business	Mailing Address
12251 N.W. 18TH AVENUE CITRA FL 32113	12251 N.W. 18TH AVENUE CITRA FL 32113

3. Date Incorporated or Qualified: **02/08/1993**

3a. Date of Last Report: **02/28/1995**

4. FEI Number: **59-3175183** ☐ 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

2. Principal Place of Business

21 Same as above

Suite, Apt. #, etc.

22

City & State

23

Zip 24 Country 25

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip 29 Country 30

9. Name and Address of Current Registered Agent

TORTORA, BEVERLEY
12251 N.W. 18TH AVENUE
CITRA FL 32113

10. Name and Address of New Registered Agent

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 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	TORTORA, EMANUEL		1 NAME	
STREET ADDRESS	600 SW 69 AVE		1 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		1 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	TORTORA, JACQUELINE		2 NAME	
STREET ADDRESS	600 SW 69 AVE		2 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		2 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	TORTORA, STEVEN		3 NAME	
STREET ADDRESS	12251 NW 18 AVE		3 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL		3 CITY-ST-ZIP	
TITLE	VPST	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	TORTORA, BEVERLEY		4 NAME	
STREET ADDRESS	12251 NW 18 AVE		4 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL		4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	TORTORA, RICHARD		5 NAME	
STREET ADDRESS	12253 NW 18 AVE		5 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL		5 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME	TORTORA, MARY		6 NAME	
STREET ADDRESS	12253 NW 18 AVE		6 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL		6 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)(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.

SIGNATURE: Beverley Tortora BEVERLEY TORTORA 3/31/96 (352) 368-1665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)