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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000012358**

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

QUIMBY LANE FARM CORP.

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Principal Place of Business Mailing Address CO MENDOZA CALLAS 8 60												
251 ROYAL PALM WAY C/O MENDOZA. CALLAS &				I G								
SIXTH FLOOR PALM BEACH FL 33480		251 ROYAL PALM WAY. #602 PALM BCH FL 33480				DO NOT WRITE IN THIS SPACE						
PALM BEACH FL 33480		US				3. Date Incorporated or Qualifed						
		00					7/1993	, o. quao.	•			
		0 14-11: 1-4-1				4. FEI Nu	,			Т	Δ.	olied For
─ `	ace of Business	2a. Mailing Address								.		Applicable
21		26				00700	85964_			e c		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required						
22		27										
City & State		City & State				6. Election Campaign Financing						
23		28					und Contr					D Fees
Zip	Country	Zip	Cou	ntry		1	•	owes the cu	rrent year			
24	25	29	30				al Property			X Y		□No
	9. Name and Address of Current	t Registered Agent				10. Name	and Addr	ess of New	Register	ed Agen	<u> </u>	
DE 4	4EMB034 444010 0 III		1	81	Name							
	MENDOZA, MARIO G III			82	Street Addre	ess (P.O. Box Number is Not Acceptable)						
251 ROYAL PALM WAY									,			
	H FLOOR			83			*					
PALN	M BEACH FL 33480								•	- 105	Zip C	ada.
				84	City				F	:L 85	ZpC	Joue
11 Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	es. the at	oove	-named corpo	ration submit	ts this state	ement for th	e purpose	of chang	ing its	registered
office or re	ealstered agent, or both, in the State (ot Florida, Such change was a	utnorizea	Dy I	ine corporation	n's board of o	directors. I	hereby acc	ept the ap	pointmen	t as reg	gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	nda Stati	ites.								
SIGNATURE	_											
	City of the second second second	A and title if another (NOTE	Donistored	Acent	t cionatura required	when reinstation)	•		DATE			
	Signature, typed or printed name of registered agent		<u>-</u>	Agent	t signature required		ONS/CHAN	NGES TO O	DATE		RECTO	RS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.		t signature required		ONS/CHAI	IGES TO O		AND DIF	RECTO	RS IN 12
12. TITLE	OFFICERS ANI		13. 1.1 TfT	le.	t signature required		ONS/CHAI	IGES TO O		AND DIF		
12. TITLE NAME	OFFICERS ANI AS DE MENDOZA, MARIO G III	D DIRECTORS	13. 1.1 TH 1.2 NA	le Me			ONS/CHAP	IGES TO O		AND DIF		
12. TITLE	AS DE MENDOZA, MARIO G III 251 ROYAL PALM WAY	D DIRECTORS	13. 1.1 TTI 1.2 NA 1.3 ST	LE ME REET	ADDRESS		ONS/CHAM	NGES TO C		AND DIF		
12. TITLE NAME	OFFICERS ANI AS DE MENDOZA, MARIO G III 251 ROYAL PALM WAY PALM BEACH FL	D DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH	LE ME REET	ADDRESS		ONS/CHAN	NGES TO C		AND DIF	Change	Addition
12. TITLE NAME STREET ADDRESS	AS DE MENDOZA, MARIO G III 251 ROYAL PALM WAY	D DIRECTORS	13. 1.1 TTI 1.2 NA 1.3 ST	LE ME REET	ADDRESS		ONS/CHAN	NGES TO C		AND DIF		
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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. Michael L. Tarnopol, Pres.

(212) 272-3765

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP