

**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 # P93000040436 (6)

1. Corporation Name  
710 FARMS, INC.



Principal Place of Business: 16213 STATE ROAD 7, SUITE 201, DELRAY BEACH FL 33447, US  
Mailing Address: 16213 STATE ROAD 7, SUITE 201, DELRAY BEACH FL 33447, US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for additional locations.

3. Date Incorporated or Qualified: 06/08/1993  
3a. Date of Last Report: 03/07/1995  
4. FEI Number: 59-3188487  
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: NEILL, KENNETH L, 16213 STATE ROAD 7, SUITE 201, DELRAY BEACH FL 33447

10. Name and Address of New Registered Agent (81-85) fields.

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 (86-88) and DATE (89) fields.

| 12. OFFICERS AND DIRECTORS                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|--|---|---|
| TITLE: D                                   | NAME: NEILL, KENNETH L                   | 1.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 3900 OAK HAMMOCK LANE      | CITY-ST-ZIP: FT. PIERCE FL 34981         | 1.2 NAME:   |   |
|  |  | 1.3 STREET ADDRESS:                                   |   |
|  |  | 1.4 CITY-ST-ZIP:                                      |   |
| TITLE: D                                   | NAME: STANLEY, PATRICK W                 | 2.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 14337 COCO PLUM RD.        | CITY-ST-ZIP: PALM BEACH GARDENS FL 33418 | 2.2 NAME:   |   |
|  |  | 2.3 STREET ADDRESS:                                   |   |
|  |  | 2.4 CITY-ST-ZIP:                                      |   |
| TITLE: D                                   | NAME: OVERTON, LARRY D                   | 3.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 15349 COLLECTING CANAL RD. | CITY-ST-ZIP: LOXAHATCHEE FL 33470        | 3.2 NAME:   |   |
|  |  | 3.3 STREET ADDRESS:                                   |   |
|  |  | 3.4 CITY-ST-ZIP:                                      |   |
| TITLE:                                     | NAME:                                    | 4.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS:                            |  | 4.2 NAME:   |   |
| CITY-ST-ZIP:                               |  | 4.3 STREET ADDRESS:                                   |   |
|  |  | 4.4 CITY-ST-ZIP:                                      |   |
| TITLE:                                     | NAME:                                    | 5.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS:                            |  | 5.2 NAME:   |   |
| CITY-ST-ZIP:                               |  | 5.3 STREET ADDRESS:                                   |   |
|  |  | 5.4 CITY-ST-ZIP:                                      |   |
| TITLE:                                     | NAME:                                    | 6.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS:                            |  | 6.2 NAME:   |   |
| CITY-ST-ZIP:                               |  | 6.3 STREET ADDRESS:                                   |   |
|  |  | 6.4 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: *Kenneth L Neill* KENNETH L NEILL 2/23/96

CR2E034 (12/95)