
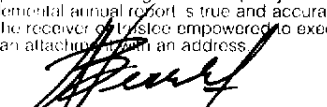


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 03 1998 8:00am  
Secretary of State

<b>• PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P93 0000 765 23 1. Corporation Name <b>DANY FARMS, INC.</b>					
Principal Place of Business <b>DANY FARMS, INC. 12520 NW 160TH ST. REDDICK, FL; 32686</b>			Mailing Address <b>12520 NW 160TH ST. REDDICK, FL 32686</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>4/1/94</b>	
21	<b>12520 NW 160TH ST.</b>	26	<b>12520 NW 160TH ST. //</b>	4. FEI Number <b>65-0446326</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State <b>REDDICK, FL</b>		City & State <b>REDDICK, FL</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
24	<b>32686</b>	25	<b>MARION</b>	29	<b>32686</b>
Country		Country		30	
				<b>MARION</b>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>OWEN S. FREED 150 WEST FLAGLER STREET MIAMI, FL 33130</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			<b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0602 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PRESIDENT & DIRECTOR <input type="checkbox"/> DELETE				
NAME	<b>NIKOLA BERAHA-C/O OWEN S. FREED</b>				
STREET ADDRESS	<b>150 W. FLAGLER ST.</b>				
CITY- ST- ZIP	<b>MIAMI, FL 33130</b>				
TITLE	VICE PRESIDENT & DIRECTOR <input type="checkbox"/> DELETE				
NAME	<b>DAVID BERAHA-C/O OWEN S. FREED</b>				
STREET ADDRESS	<b>150 W. FLAGLER ST.</b>				
CITY- ST- ZIP	<b>MIAMI, FL 33130</b>				
TITLE	SECRETARY <input type="checkbox"/> DELETE				
NAME	<b>OWEN S. FREED</b>				
STREET ADDRESS	<b>150 W. FLAGLER ST</b>				
CITY- ST- ZIP	<b>MAIMI, FL 33130</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY- ST- ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY- ST- ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY- ST- ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY- ST- ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY- ST- ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 to an address.					
SIGNATURE:  2/24/98 (352) 591 2395					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/97)