

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000013833 (6)**

1. Corporation Name
SOUTHGATE FARM, INC.



Principal Place of Business 9770 BAYMEADOWS RD. SUITE 133 JACKSONVILLE FL 32256	Mailing Address 9770 BAYMEADOWS RD. SUITE 133 JACKSONVILLE FL 32256-0104
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1994		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26	27	28
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**WRIGHT, DONALD C
1301 GULF LIFE DR.
SUITE 1500
JACKSONVILLE FL 32207**

81 Name **~~JOEL RAPPAPORT~~**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **~~9770 BAYMEADOWS RD #133~~**
84 City **~~JACKSONVILLE~~** FL 85 Zip Code **~~32256~~**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMAN, HERBERT J	1.2 NAME	
STREET ADDRESS	12480 MALLET CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33414	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPPAPORT, JOEL	2.2 NAME	
STREET ADDRESS	9770 BAYMEADOWS RD., SUITE 133	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMAN, MICHAEL	3.2 NAME	
STREET ADDRESS	157 W. BROOKLINE ST., #4	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02118	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Joe L. Rappaport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97
Date

904-642-6600
Daytime Phone #