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Feb 24, 1999 8:00 am
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02-24-1999 90075 008 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000029186

1. Corporation Name

WILLIAMS FARMS OF HOMESTEAD, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 31050 S.W. 195TH AVE. HOMESTEAD FL 33030		Mailing Address 31050 S.W. 195TH AVE. HOMESTEAD FL 33030	
2. Principal Place of Business 21 14125 SW 320 STREET Suite, Apt. #, etc. 22 City & State 23 HOMESTEAD, FL. 33033 Zip Country 24 25		2a. Mailing Address 26 14125 SW 320 STREET Suite, Apt. #, etc. 27 City & State 28 HOMESTEAD, FL. 33033 Zip Country 29 30	
9. Name and Address of Current Registered Agent LYNN, JOHN M 48 N.E. 15TH ST. 2ND FLOOR HOMESTEAD FL 33030		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME WILLIAMS, CHARLES W STREET ADDRESS 31050 S.W. 195TH AVE. CITY-ST-ZIP HOMESTEAD FL 33030		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE DV NAME WILLIAMS, NANCY S STREET ADDRESS 31050 S.W. 195TH AVE. CITY-ST-ZIP HOMESTEAD FL 33030		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE DS NAME WILLIAMS, DALE C STREET ADDRESS 31050 S.W. 195TH AVE. CITY-ST-ZIP HOMESTEAD FL 33030		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 16981 SW 278 ST. 3.4 CITY-ST-ZIP HOMESTEAD, FL. 33033	
TITLE DT NAME WILLIAMS, DWAYNE R STREET ADDRESS 27505 S.W. 167TH COURT CITY-ST-ZIP HOMESTEAD FL 33031		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 2825 FAIRWAYS DR. 4.4 CITY-ST-ZIP HOMESTEAD, FL. 33035	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 305-247-2911
Date Daytime Phone #

CR2E034 (11/98)