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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073421 (7) 1. Corporation Name EMERALD FARMS OF OSCEOLA, INC.													
Principal Place of Business 1901 LEMON AVE. KISSIMMEE FL 34746			Mailing Address 1901 LEMON AVE. KISSIMMEE FL 34748-3713					* 1651/1061 110 13111 DIDH BEHL BEHL BEHL DOM FOOD SHIM 67878 11001 1101 1001					
									Date incorporated or Qualit		Date of Last Re 3/12/1996	eport	
	ace of Business		2a. Mailing	Address				4	FEI Number		 	plied For	
Suite, Apt.	#. etc.		Suite A	pt. #, etc.					59-3297640		\$8.75	t Applicable	
22	.,		27	4 , , • • • · · ·				5	Certificate of Status Desire	d 🗆	Fee Re		
City & State	9		City & S	State				6	. Election Campaign Financi	าg	\$5.00	May Be	
23			28		1				Trust Fund Contribution		Added t		
Zip 24	Count	У	Zip		30	ountry		6	 This corporation has liability Florida Statutes 	y for intangit Yes		199.032,	
24]	9. Name and Addre	ess of Current	29 Registered A	pent	[30]	Τ		10). Name and Address of Ne				
WILL	S, CAE S		T			81	Name	,					
	LEMON AVE.		144			B2	Olenal Ad	decon !	P.O. Box Number is Not Acc	antobla)			
	IMMEE FL 34746		100			DZ	Street Ad	igiese (F.O. Box Number is Not Acci	aptable)			
						83	· • • • • • • • • • • • • • • • • • • •						
						84	City				85 Zip (Code	
11 D month at 1	a the new datase of Pan	tions CO7 0500	and 607 4600	Elorida Ctatur	oo dha		Samuel an		on a hards this statement for	F		a registered	
office or n	egistered agent, or bot	n, in the State o	Florida, Such	change was	es, me authoriz	ed by	the corpor	ration's	on submits this statement for board of directors. I hereby a	accept the a	ppointment as	registered	
	m familiar with, and acc	cept the obligati	ons of, Section	n 607,0505, Fl	orida Si	tatutes						1	
SIGNATURE	Signature typics or product nam	e of registered agent	and tele if applicable	le (NO	E: Registe	red Age	nt signature req	quired wh	en reinstating)	DATE			
12.		FFICERS AND	DIRECTORS		13	١.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR		
THEF	D			DELETE	11	THILE	ļ				[_] Change	Addition	
NAME	WILLS, CAE S				1.2	NAME	j						
STREET ADDRESS	1901 LEMON AVE KISSIMMEE FL 341	740					ADDRESS					ļ,	
E-TY-ST-7IP TITLE	MOOIMMEE FE 04	40		DELETE		CITY-S	1-2iP				Change	Addition	
NAME :				L'' DELETE		NAME					["] cususts	CT MOUITON	
ſ							ADDOCCC					ľ	
STREET ADDRESS OTTY-ST-ZP						CITY-S	ADDRESS			\$14 % N	e!	ļ	
Tilef			·	DELETE		TITLE	, <u>e.</u> ii				Change	Addition	
NAME					3.2	NAME					-	[
STREET ADDRESS					3.3	STREET	ADDRESS					J	
CITY - ST- ZIP					3.4	CITY	T-ZIP						
THLE				DELETE	4.1	TITLE					Change	Addition	
NAME						2 NAME	}						
STREET ADDRESS							ADDRESS					.	
CITY - ST - 70P	·			DELETE		CITY-S	I~ZIP				Change	Addition	
NAME				CAN PERFFE		NAME					- Omnigo	- radiion	
STREET ADDRESS							ADDRESS					1	
CITY-51-7#						CITY-S						}	
THUE				DELETE		TITLE					Change	Addition	
NAME					6.2	NAME	İ					Í	
STREET ADDRESS					6.3	STREET	ADDRESS					j	
Cify. \$1, 210					6.4	CITY_S	ן פול. ד						

14. I do hereby certify that the information supplied with this filling 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 1 am an officer or director of the congration 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 any attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97 846

FILED

Apr 25 1997 8:00am

Secretary of State