

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
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95 MAY -1 AM 9:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075423 (1)

1. Corporation Name
SOUTHEAST REGIONAL FARMS INC.

Principal Place of Business
**1410 N.W. 2ND AVE.
HOMESTEAD FL 33030**

Mailing Address
**1410 N.W. 2ND AVE.
HOMESTEAD FL 33030**

500001525155
-06/28/95--01009--006
******200.00 ****200.00**
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1894 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number 65-0537057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~REGISTRATION SERVICE COMPANY
210 STATE ST.
TALLAHASSEE FL 32304~~

10. Name and Address of New Registered Agent

81 Name Bob Nelson
82 Street Address (P.O. Box Number is Not Acceptable) 16305 SW 248 St.
83
84 City Miami
85 FL Zip Code 33031

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 Bob Nelson DATE 11 May 95

12. OFFICERS AND DIRECTORS

TITLE D	NAME REUTER, NANCY
STREET ADDRESS 1410 N.W. 2ND AVE.	CITY - ST - ZIP HOMESTEAD FL 33030
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Bill Schackel Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS 1410 SW 2ave.	
14 CITY - ST - ZIP Homestead FL 33030	
21 TITLE sec.-tres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME C.R. Nelson	
23 STREET ADDRESS 75490 SW 288st.	
24 CITY - ST - ZIP Leisure City FL 33033	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C.R. Nelson DATE 25 April 95

REMITTED BY MAY 1