

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

FILED
May 15 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 # P94000076688 (8)
 1. Corporation Name
HAWTHORNE LIVESTOCK, INC.



Principal Place of Business 8274 BOB-O-LINK DRIVE WEST PALM BEACH FL 33412	Mailing Address 8274 BOB-O-LINK DRIVE WEST PALM BEACH FL 33412-2432
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3. Date Incorporated or Qualified 10/19/1994	3a. Date of Last Report 08/09/1996
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2. Principal Place of Business 21 115 ARDEN MAYS BLVD. Suite, Apt. #, etc. 22 SUITE 208 City & State 23 PLANT CITY, FL	2a. Mailing Address 26 115 ARDEN MAYS BLVD. Suite, Apt. #, etc. 27 SUITE 208 City & State 28 PLANT CITY, FL
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4. FEI Number 65-0547135	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

24 33566	25 US	29 33566	30 US
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9. Name and Address of Current Registered Agent HAWTHORNE, DAVID E 8274 BOB-O-LINK DRIVE WEST PALM BEACH FL 33412		10. Name and Address of New Registered Agent 81 Name HAWTHORNE, DAVID E. 82 Street Address (P.O. Box Number is Not Acceptable) 115 ARDEN MAYS BLVD., SUITE 208 83 84 City PLANT CITY FL 85 Zip Code 33566	
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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	<input type="checkbox"/> DELETE	1.1 TITLE D,P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAWTHORNE, DAVID E		1.2 NAME HAWTHORNE, DAVID E.	
STREET ADDRESS % 1601 BELVEDERE RD., SUITE 402 S.		1.3 STREET ADDRESS 115 ARDEN MAYS BLVD., SUITE 208	
CITY-ST-ZIP WEST PALM BEACH FL 33408		1.4 CITY-ST-ZIP PLANT CITY, FL 33566	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Victoria Hawthorne*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)