

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000079308 (0)**

1. Corporation Name

CONTINENTAL FARMS MANAGEMENT, INC.



Principal Place of Business 2020 NW 89TH PLACE MIAMI FL 33172	Mailing Address 2020 NW 89TH PLACE MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2020 NW 89th PL Suite, Apt. #, etc. 22	2a. Mailing Address 26 2665 S Bayshore Drive Suite, Apt. #, etc. 27 Suite 703 City & State 28 Miami, FL Zip 24 33172-2618 25 USA	3. Date Incorporated or Qualified 10/26/1994	4. FEI Number 65-0600871 Applied For Not Applicable
5. Certificate of Status Desired XXXX \$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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RICHARDS, TIMOTHY D 2665 S. BAYSHORE DR. SUITE 900 MIAMI FL 33133	10. Name and Address of New Registered Agent 81 Name World Corporate Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 2665 S Bayshore Drive 83 Suite 703 84 City Miami FL 85 Zip Code 33133-5401
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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 *Timothy D. Richards* **4-30-98**
Signature (typed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, TIMOTHY D 1224 ANDORA AVENUE CORAL GABLES FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D John Vaughan 2665 S Bayshore Drive STE 703 Miami, FL 33133-5401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEPER, JAMES L 647 N. GREENWAY DR. CORAL GABLES FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Harry Vaughan 2665 S Bayshore Drive STE 703 Miami, FL 33133-5401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HOWKINS, LAWRENCE N 3508 ANDERSEN ROAD CORAL GABLES FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/P James L. Teper 647 N Greenway Drive Coral Gables, FL 33134-4827 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOTTLIEB, BARRY J 2843 BAYSHORE DRIVE #16A MIAMI FL 33133 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D/V/S Lawrence N. Howkins 3508 Anderson Road Coral Gables, FL 33134-7051 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHAN, JOHN 2665 SOUTH BAYSHORE DR. #900 MIAMI FL 33133 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D/V Barry J. Gottlieb 2843 S Bayshore Drive APT 16A Miami, FL 33133-6024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHAN, HARRY 2665 SOUTH BAYSHORE DR. #900 MIAMI FL 33133 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Timothy D. Richards, Esq. 2665 S Bayshore Drive STE 703 Miami, FL 33133-5401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy D. Richards*

4-30-98 (305) 258-9900

CR2E034 (10/97)