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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000079308

1. Corporation Name
CONTINENTAL FARMS MANAGEMENT, INC.



Principal Place of Business
 2020 NW 89TH PL
 MIAMI FL 33172
 US

Mailing Address
 2665 S. BAYSHORE DR
 SUITE 703
 MIAMI FL 33172
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	10/26/1994	65-0600871	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22	27	Election Campaign Financing	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>	
23	28	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No
Zip	Country			
24	25			
	29			
	30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WORLD CORPORATE SERVICES, Inc. 2665 S. BAYSHORE DR SUITE 703 MIAMI FL 33133		81 Name	World Corporate Services, Inc.
		82 Street Address (P.O. Box Number is Not Acceptable)	2665 South Bayshore Drive
		83	Suite 703
		84 City	Miami
		85 State	FL
		86 Zip Code	33133

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 **Timothy D. Richards, President** 01/12/99
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, TIMOTHY D	1.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR, SUITE 703	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEPER, JAMES L	2.2 NAME	James L. Teper
STREET ADDRESS	647 N. GREENWAY DR.	2.3 STREET ADDRESS	360 Arvida Parkway
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	Coral Gables, Florida 33156
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWKINS, LAWRENCE N	3.2 NAME	
STREET ADDRESS	3508 ANDERSEN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTLIEB, BARRY J	4.2 NAME	
STREET ADDRESS	2843 BAYSHORE DRIVE #16A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, JOHN	5.2 NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DR, SUITE 703	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, HARRY	6.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR, SUITE 703	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	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: Timothy D. Richards **Timothy D. Richards** 01/12/99 305-858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)