

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90152 037 ***158.75

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

3. Date Incorporated or Qualified

10/26/1994

4. FEI Number

65-0600871

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, Inc.
2665 S. BAYSHORE DR
SUITE 703
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 South Bayshore Drive~~

83

~~Suite 703~~

84 City

~~Miami~~

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re/instating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME RICHARDS, TIMOTHY D
STREET ADDRESS 2665 S. BAYSHORE DR, SUITE 703
CITY-ST-ZIP CORAL GABLES FL

TITLE DP ☐ DELETE
NAME TEPPER, JAMES L
STREET ADDRESS 647 N. GREENWAY DR.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VSD ☐ DELETE
NAME HOWKINS, LAWRENCE N
STREET ADDRESS 3508 ANDERSEN ROAD
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VD ☐ DELETE
NAME GOTTLIEB, BARRY J
STREET ADDRESS 2843 BAYSHORE DRIVE #16A
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ DELETE
NAME VAUGHAN, JOHN
STREET ADDRESS 2665 SOUTH BAYSHORE DR, SUITE 703
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ DELETE
NAME VAUGHAN, HARRY
STREET ADDRESS 2665 S. BAYSHORE DR, SUITE 703
CITY-ST-ZIP MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DP ☒ Change ☐ Addition
2.2 NAME James L. Teper
2.3 STREET ADDRESS 360 Arvida Parkway
2.4 CITY-ST-ZIP Coral Gables, Florida 33156

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-656-9900

0192735

CR2E034 (11/98)