

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000009558 (4)

1. Corporation Name
HONEYGROVE FARM, INC.

FILED
Jan 29 1997 8:00am
Secretary of State



Principal Place of Business
411 SW 80 ST
OCALA FL 34476

Mailing Address
C/O SMOLIN, LUPIN & CO., P.A.
100 EXECUTIVE DR., SUITE 180
WEST ORANGE NJ 07052-3309

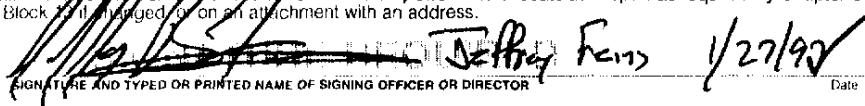
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/01/1995		3a. Date of Last Report 11/18/1996	
Suite, Apt. # etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3294942		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired □		\$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution □		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FEINS, JEFFREY B 411 SW 80 ST OCALA FL 34476				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			

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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstalling)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	FEINS, JEFFREY B	<input type="checkbox"/> DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME			1.1	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS	411 SW 80TH STREET		1.2	1.2 NAME			
CITY-ST-ZIP	OCALA FL 34476		1.3	1.3 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE	2.1	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			2.2	2.2 NAME			
STREET ADDRESS			2.3	2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4	2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	3.1	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2	3.2 NAME			
STREET ADDRESS			3.3	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4	3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	4	4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.1	4.1 NAME			
STREET ADDRESS			4.2	4.2 STREET ADDRESS			
CITY-ST-ZIP			4.3	4.3 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	5.1	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2	5.2 NAME			
STREET ADDRESS			5.3	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4	5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	6.1	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2	6.2 NAME			
STREET ADDRESS			6.3	6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4	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:


Jeffrey B. Feins 1/27/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002230

CR2E034 (9/96)