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 # P95000040901 (7)

JENCIN FARMS, INCORPORATED

Principal Place of Business	Mailing Address
B235 HAVERHILL ROAD	6235 HAVERHILL ROAD
LAKE WORTH FL 33463	LAKE WORTH FL 33463-72

FILED May 01 1997 8:00am Secretary of State



LAKE WORTH FL 33463				LAKE WORTH FL 33463-7298				
							3. Date Incorporated or Qualified 05/22/1995	3a. Date of Last Report 02/20/1996
2. Principal Place of Business			2a. Mailing /	2a. Mailing Address			4. FEI Number	Applied For
21			26	26			65-0586409	Not Applicable
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt #, etc.			5. Certificate of Status Desired See Required Fee Required	
City & State				City & State			6. Election Campaign Financing	\$5.00 May Be
23			28	B			Trust Fund Contribution	Added to Fees
Zip		Country	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	28	5	29	;	30			Yes 💢 No
			urrent Registered Age	ent		т	10. Name and Address of New Re	gistered Agent
BRY	nteson, je	NS E			81	Name		
6235	HAVERHILL	. Road			82	Street Add	dress (P.O. Box Number is Not Acceptab	ile)
LAK	E WORTH FL	. 33463						,
					83			
					84	City		B5 Zip Code
				•	04	City		FL 53 Zip Code
11. Pursuant to office or reagent. I as	to the provision egistered ager m familiar with	ns of Sections 60 nt, or both, in the , and accept the	7.0502 and 607.1508, State of Florida Such obligations of, Section	Florida Statute change was au 607.0505, Flor	s, the abov uthorized b rida Statute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered to the appointment as registered
SIGNATURE	50-11 Table 1		red agent and litte it applicable.	MOJE	Consistent As	cal a south at 515	pired when reinstating)	DATE
12.	Signature, typed or		S AND DIRECTORS	. (NOTE	1B.	casis griature requ	ADDITIONS/CHANGES TO OFFIC	
TITLE	ΡŤ	OFFICER		DELETE	11 TITLE		7.0011101107017111020 10 01110	Change Addition
NAME	• •	N, JENS E	_		12 NAME	Ì		
STREET ADDRESS		H ATLANTIC DI	R			T ADDRESS		
- '	LANTANA		,			1		
CITY-ST-ZIP TITLE	VS	E 00402	-	DELETE	1.4 CITY- 2.1 TITLE	S1-ZIP		Change Addition
NAME		N, CINDY H	_		22 NAME			
1		H ATLANTIC DI	D			T ADDRESS		
STREET ADDRESS	LANTANA		n .					
CITY-ST-ZIP	LANTANA	FL 33402	т	DELE TE	2. 4 CITY-	ST-ZIP		Change Addition
TITLE			L	_] OELETE	3.1 TITLE			Change Audition
NAME					3.2 NAME	İ		
STREET ADDRESS						T ADDRESS		
CITY-ST-ZIP				Thrift	3.4. CITY-	ST-ZIP		Change Addition
TITLE			L	DELETE	4.1 TITLE			Change Addition
NAME					4. 2 NAM(1	* - w	
STREET ADDRESS					4.3 STREE	1 ADDRESS		
CITY-ST-ZIP					4.4 CITY-	ST-ZIP		
TITLE			L	DELETE	5.1 TITLE			Change Addition
NAME					5.2 NAME			
STREET ADDRESS					5.3 STREE	T ADDRESS		
CITY-ST-ZIP					5.4 CITY-	ST-ZIP		
TITLE				DELETE	6 1 TITLE			Change Addition
NAME					6.2 NAME			
STREET ADDRESS					6.3 STREE	1 ADORESS		
City_St_7iP					6 A CITY -	\$1-2IP		

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.

Mindred Roya trans Councy 4 Bruntoson 1/23/27 571 965