

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000049157 (7)**

1. Corporation Name
OAKMONT FARMS, INC.

Principal Place of Business 2909 BAY TO BAY BLVD., #600 TAMPA FL 33629	Mailing Address 2909 BAY TO BAY BLVD., #600 TAMPA FL 33629-8195
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2. Principal Place of Business 21 2907 Bay to Bay Blvd Suite, Apt. #, etc. 22 200 City & State 23 Tampa, FL Zip 24 33629 Country		2a. Mailing Address 26 2907 Bay to Bay Blvd Suite, Apt. #, etc. 27 200 City & State 28 Tampa, FL Zip 29 33629 Country		3. Date Incorporated or Qualified 06/21/1995	3a. Date of Last Report 04/09/1996	4. FEI Number 59-3359568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent KRUSEN, W. ANDREW JR. 2909 BAY TO BAY BLVD., #600 TAMPA FL 33629		10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 2907 Bay to Bay Blvd. #200 83 84 City Same FL 85 Zip Code	
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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 *W. Andrew Jr.* DATE **4/22/97**
(NOTE: Registered Agent signature required when reinstating)

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 KRUSEN, W. ANDREW JR		1.2 NAME	
STREET ADDRESS 2909 BAY TO BAY BLVD., #600		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33629		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRUSEN, JESSIE B		2.2 NAME	
STREET ADDRESS 3415 MORRISON AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33629		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRUSEN, ISABELLE B		3.2 NAME	
STREET ADDRESS 3415 MORRISON AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33629		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *W. Andrew Jr.* DATE **4/22/97** TIME **913-837-3009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)