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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 06 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053151 (3)

BAB'S FARM, INC.

SIGNATURE

	ranm, INC.													
Principal Plac	e of Business		Mailing	Address		· · ·				ei iiii iiii iiii ii iii				
27100 SOUTHWEST 182ND AVE. HOMESTEAD FL 33031				27100 SOUTHWEST 182ND AVE. HOMESTEAD FL 33031-2213										
								3.	O7/11/1995	ated or Qualifie		Date of La		oort
2. Principal F	lace of Business		2a. Ma	iling Address				4.	FEI Number			1201 100		lied For
21			26						65-05976	13				Applicable
Suite, Apt	#, etc.		Sui	te, Apt. #, etc.					Certificate of			\$8.7	5 Ad	iditional
22			27				***************************************	- J	Certificate of	olatus Desileu	LJ	Fee	Requ	ulred
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23 Zip		untry	28 Zip						Trust Fund Co				led to	
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24	9 Name and Ad	idress of Current R	29 Registere	d Agent	30	T			Fiorida Statute	ddress of New		No No		
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27100 SOUTHWEST 182ND AVE. HOMESTEAD FL 33031							Street A	ddress (F	P.O. Box Numb	er is Not Accep	otable)			
nor	MESIEAD FL 3303)				83								
									·····					
]						84	City				FI	85 2	Zip Co	ode
11. Pursuant	to the provisions of !	Sections 607.0502 a	and 607.1	508, Florida Sta	tutes, the	above	e-named c	orporatio	n submits this	statement for th			no its i	registered
office or r	to the provisions of the registered agent, or liam familiar with, and	both, in the State of	Florida, S	Such change wa	s authoriz	ed by	the corpo	ration's t	board of directe	ors. I hereby ac	cept the ap	pointment	asie	gistered
	an isanii sa wan, Balici	accept the on gallo	7115 O1, 36		rionua si	aiules	·.							
SIGNATURE														
Ì	 Signature, typed or printed 	name of registered agent a	ed tile if app	Pidable (N	NOTE Register	red Ager	nt signature re	quired when	n reinstating)		DATE			
12.	Signature, type-d or printed	name of registered agent a OFFICERS AND D			NOTE Register		nt signature re			IANGES TO OF		ID DIRECT	TORS	IN 12
12.	PD	OFFICERS AND D			13.		nt signature re			IANGES TO OF		ID DIRECT		IN 12 Addition
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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 regiment or justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if chapted, or on a put accurate with an address.