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

PROFIT CORPORATION **ANNUAL REPORT**

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State

1, Corporatio	OBERSON TOMATO HOUS	UU55323 (6) E, INC.			! (8) (8) (1)	
Principal Place of Business Mailing Address 438 E. ILEX DRIVE LAKE PARK FL 33403 LAKE PARK FL 33403						
					DO NOT WRITE IN TH	IIS SPACE
]					3. Date Incorporated or Qualified 07/05/1995	
2, Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26				65-0591448	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the	
24	[25] g. Name and Address of Currer	29	30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
ERNESTON, ROBERT C				Name	IU. Name and Address of New Register	ed Ageill
8475 SE MANGROVE STREET HOBE SOUND FL 33455			-			
			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		85 7ip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	les, the above	e-named corp	poration submits this statement for the purpos tion's board of directors. I hereby accept the	
agent.la	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was ations of, Section 607,0505, FI	authorized by orida Statutes	the corpora	tion's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	Signature typed or printed name of a gistered age	en aud (de if applicable (NO)	If: Rog stored Age	od signature requi	ired when reinstating) DA1	
12.		D DIRECTORS	13.	··	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D DELETE		1.1 TITLE			Change Addition
NAME	ERNESTON, ROBERT C		12 NAME			
STREET ADDRESS	MODE COUND EL 20455		1.3 STHEET ADDRESS			İ
CITY-ST-ZIP	VP	DETETE	1.4 CH1Y-S	1-2P		FEL OLIVINI
TITLE NAME	The state of the s		217171.6		GOWERS AND TITE TOODRY	X Change Addition
STREET ADDRESS	AFFO OF OLADMONT DI		2.2 NAME I: 2.3 STHEET ADDRESS		SCHWEIGART III, JOSEPH A	\ •
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP			
TITLE	ST	DCLE1E	3.1 THLE	71.211		Change
NAME	ROBERT, D K (NOTE NAME CHANGE)		3.2 NAME		KEITH, ROBERT D.	4
STREET ADDRESS	438 E. ILEX DR.		3.3 STREET			
CITY-ST-ZIP	LAKE PARK FL		3.4. CITY- S	I - ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	İ		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		Dourse	4.4 CITY-S	1-7IP		
TITLE NAME	☐ DELETE		5.1 1/TLF			Change Addition
STREET ADDRESS			5.2 NAME	ADDRESS		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CHIY: ST-ZIP			
TITLE	DELETE		6.1 TITLE	1-4IF	, , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP				- ZIP		
dd Lhash	The state of the s				5 2 110 6 70 W. F 6	

Thereby 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 eath; that I am an officer or director of the comparation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or or any flachment with an address.