## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000077094 (7)
1. Corporation Name

KILKENNY FARM, INC.



						I (#81/6#1 ) B (6/8) Attes aben abin 1			
Principal Place	e of Business	Mailing Addres	šS						
	OOSA TRAIL. SUITE 100 N FL 33414-4929		00sa trail. Su N FL 33414-4929						
						3. Date Incorporated or Qualified 10/09/1995	3a. Date o	f Last Re	port
Principal P	lace of Business	2a, Mailing Ad	idress		·	4. FEI Number	.4	T [7	Applied For
, rilliciparr	IACE OF DOSITIESS	26				65-0615241		1	Not Applicable
Suite, Apt.	# etc	Suite, Apt.	#, etc.			5. Certificate of Status Desired	[3]		Additional
2		27				5. Cest licete di Otatis Deci de	[29	Fee F	Required
City & Stal	te	Orty & Stat	City & State		6. Election Campaign Financing	\$5.00 May Be			
		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	ļ,	Country		8. This corporation has liability for i	ntangible tax No	under s	199.032,
i]	25	29	[30]	l		Florida Statutes Yes  10. Name and Address of New R		gent	
	<ol><li>Name and Address of Cur</li></ol>	rent Registered Ager	<u>1t</u>	81	Name	10. Name and Address of New A	agiatorea A	90	
				"					
BERGER, TERRY A				<b>82</b> Street Address (P		ress (P.O. Box Number is Not Acceptab	ile)		
	I.E. 187TH STREET				<b>_</b>				
NORTH	I MIAMI BEACH FL 33180			83					
				84	City		<b>E</b> 1	85 Zi	p Code
				l		ration submits this statement for the pured of directors. Thereby accept the app	FL.	l l	registered office
or registi familiar v SIGNATURE	with, and accept the obligations of, S	Section 607.0505, Florid	da Statules			rd of directors. I hereby accept the app	DATE		
	Signature, typed or printed name of registered	AND DIRECTORS	(ACIE M)	13.	- a signature respons	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
12. DILE	DP OFFICE NO		DELETE	1 1 10 LE				Change	Addition
	WHITLOW, MICHAEL R	. س		1.2 NAME					
NAME	AND A DOME OF A TOALL	SUITE 100			T ADDRESS				
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NAME	WHITLOW, LAURA R							j Change	
NAME			l l	2.2 NAME				j Change	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in sate of the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my studium 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 trusteen hipowered to execut this tender 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: MICHAEL R. WHITLOW SIGNATURE AND TYPED OR PRINTED WAME OF

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