## 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 # P9600004128 (0)

## FILED May 07 1997 8:00am Secretary of State

1. Corporation Name SILVER RIDGE FARMS, INC.  Principal Place of Business  8981 RED BUG LAKE ROAD OVIEDO FL 32785  Mailing Address  8981 RED BUG LAKE ROAD OVIEDO FL 32785						
				3. Date Incorporated or Qualified 01/11/1996	3a. Date of Last	Report
2. Principal P	lace of Business	2a. Mailing Address	<u></u>	4. FEI Number	11/	Applied For
21		26 773 Coac	h Light Dr			ot Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		Additional Required
City & Stat	6	City & State	_	6. Election Campaign Financing	\$5.00	May Be
23		28 Forn PK	FL	Trust Fund Contribution		to Fees
Zip 	Country	Zip	Country	8. This corporation has liability for		s. 199.032,
24]	25 9. Name and Address of Current		30 Seminole		Yes No	
		negistereu Agent	81 Name	10. Name and Address of New Re	agistered Agent	
103	rlowe, Michael L 1 W. Morse Blyd., Suite 105 Iter Park Fl 32789		82 Street Addi 83 84 City	ress (P.O. Box Number is Not Acceptat		Code
11. Pursuant	to the provisions of Sections 607,0502	and 607 1508. Florida Statuti	se the above-named corr	annation automotes this statement for the s	nurnose of changing	its registered
office or r agent I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligat Signature, typict or pinted name of registered agen	lions of, Section 607.0505, Flo	authorized by the corporal orida Statutes.  Registered Agent signature requi	poration submits this statement for the pation's board of directors. I hereby accelured when reinslating)	pt the appointment a	s registered
agent La	am familiar with, and accept the obligat	tions of, Section 607.0505, Flor t and lide if applicable (NOTI DIRECTORS	orida Statutes.		DATE CERS AND DIRECTO	PRS IN 12
agent I a SIGNATURE  12. TITLE	am familiar with, and accept the obligat  Signature, typical or printed name of registered agen  OFFICERS AND  D	tions of, Section 607.0505, Floor tand lide if applicable (NOTi	E Registered Agent signature requi	red when reinslating)	DATE	PRS IN 12
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1. 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 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

COSTO CONTROL DE LA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-97

7) 824-1256

Daytime Phone #