

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

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Morphy
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P96000009698
1. Corporation Name
W.S.L. Shire Farm, Inc.

Principal Place of Business
26100 SW 214 Ave
Homestead Fl.
33031

Mailing Address
P.O. Box 901668
Homestead Fla.
33090-1668

2. Principal Place of Business
21 Same
Suite, Apt. #, etc. N/A
City & State N/A
Zip N/A Country Dade

2a. Mailing Address
26 Same
Suite, Apt. #, etc. N/A
City & State N/A
Zip N/A Country Dade

3. Date Incorporated or Qualified January 29, 1996
3a. Date of Last Report N/A
4. FET Number 65-0747025
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Richard Feldman
2625 Ponce De Leon Blvd.
Coral Gables, Fla. 33134
Suite 285

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1 Wendy Sue Lewit P.O. Box 901668 Homestead Fl. 33090 N/A
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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)(b), 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: Wendy Sue Lewit Wendy Sue Lewit
305 248-4858
Daytime Phone #

CR2E034 (9/96)