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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000013344 (2)

1. Corporation Name  
ACCEPTANCE FARMS, LTD., CO.



Principal Place of Business  
19236 CHAPEL CREEK DRIVE  
BOCA RATON FL 33434

Mailing Address  
19236 CHAPEL CREEK DRIVE  
BOCA RATON FL 33434-5127

3. Date Incorporated or Qualified 02/13/1996	3a. Date of Last Report N/A
4. FEI Number 65-0636499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 961 NW 45th St. Suite, Apt. #, etc. #2	2a. Mailing Address 961 NW 45th St. Suite, Apt. #, etc. #2
22. City & State Pompano Bch, FL	27. City & State Pompano Bch, FL
23. Zip 33064	28. Zip 33064
24. Country USA	29. Country USA

9. Name and Address of Current Registered Agent NOVICK, LYNNE C 19236 CHAPEL CREEK DRIVE BOCA RATON FL 33434	10. Name and Address of New Registered Agent B1 Name Novick, Lynne Chandler B2 Street Address (P.O. Box Number is Not Acceptable) 961 NW 45th St., #2 B3 B4 City Pompano Beach FL B5 Zip Code 33064
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: <i>Lynne Chandler Novick</i> <i>Lynne Chandler Novick</i> 1/30/97 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Lynne Chandler Novick 961 NW 45th St., #2 Pompano Beach, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	19236 CHAPEL CREEK DR BOCA RATON, FLA 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 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: *Lynne Chandler Novick* *Lynne Chandler Novick* 1/30/97 782-7365  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)