

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

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98 MAY 18 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P96000043948 (4)
1. Corporation Name
CANTERBURY FARMS, INC.

Principal Place of Business
3601 Olde Hampton Drive
Wellington, FL 33414
Mailing Address
12788 Forest Hill Blvd
Suite 2003
Wellington, FL 33414

3. Date Incorporated or Qualified: 5/17/1996
3a. Date of Last Report: 4/8/97

2. Principal Place of Business
21 3604 Old Hampton Drive
22 Suite, Apt. #, etc.
23 Wellington, FL
24 33414
25 U.S.A.
2a. Mailing Address
26 c/o GARY DIX
27 Mallard, Furman
28 1001 Brickell Bay Dr.
29 City & State
30 Miami, FL
31 Zip
32 33131
33 U.S.A.

4. FEI Number: 65-0674972
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
Donald P. Dufresne
c/o Dufresne & Associates, P.A.
12788 Forest Hill Blvd., Ste 2003
Wellington, FL 33414
10. Name and Address of New Registered Agent
81 Name: Donald P. Dufresne
82 Street Address (P.O. Box Number is Not Acceptable): 400 Australian Avenue South
83 Suite 500
84 City: West Palm Beach FL 85 Zip Code: 33401

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Chesler, Alan 13151 Halifax Court Wellington, FL 33414 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PSD Chesler, Alan 13860 Wellington Trace #12-221 Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Kimberly Floyd 3604 Old Hampton Drive Wellington, FL 33414 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	600002527196 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kimberly Floyd VICE PRESIDENT 5/14/98 561-795-7154
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

CR2E04 (9/96)

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ACCOUNT NO. : 072100000032

REFERENCE : 822251 5011275

AUTHORIZATION : *Patricia Pizut*

COST LIMIT : \$ 558.75

ORDER DATE : May 18, 1998

ORDER TIME : 10:35 AM

ORDER NO. : 822251-005

CUSTOMER NO: 5011275

CUSTOMER: Donald P. Dufresne, Esq
Broad And Cassel
Suite 500
400 Australian Avenue South
West Palm Beach, FL 33401

ANNUAL REPORT FILING

NAME: CANTERBURY FARMS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS:

DIVISION OF CORPORATION
93 MAY 18 AM 11:24