

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000081540 (2)
 1. Corporation Name
3 RIVERS FARMS ENTERPRISES, INC.



Principal Place of Business ROUTE 2, BOX 8089 FORT WHITE FL 32038	Mailing Address ROUTE 2, BOX 8089 FORT WHITE FL 32038
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ROUTE 2 Box 8068 Suite, Apt #, etc.		2a. Mailing Address 26 5095 MARINA CIRCLE Suite, Apt #, etc.		3. Date Incorporated or Qualified 10/02/1996	
22. City & State 23 FT WHITE, FL 32038		27. City & State 28 BOCA RATON, FL		4. FEI Number 59-3402613 Applied For <input type="checkbox"/> Not Applicable	
24. Zip 32038		25. Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29. Zip 33486		30. Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent MILLER, MICHAEL L 5095 MARINA CIRCLE BOCA RATON FL 33486				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILLER, MICHAEL L 5095 MARINA CIRCLE BOCA RATON FL 33486				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHAEL L	1.2 NAME	
STREET ADDRESS	5095 MARINA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ANN M	2.2 NAME	
STREET ADDRESS	5095 MARINA CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOHN E III	3.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 8089	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WHITE FL 32038	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, PENNY H	4.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 8089	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WHITE FL 32038	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *[Handwritten Signature]* **MILLER** *[Handwritten Signature]* **ANN MILLER** *[Handwritten Signature]* **4/26/98** *[Handwritten Signature]* **(561) 368-9810**

CR2E034 (10/97)