

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

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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90094 030 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000081540

1. Corporation Name
3 RIVERS FARMS ENTERPRISES, INC.



Principal Place of Business
 RT 2 BOX 8068
 FORT WHITE FL 32038
 US

Mailing Address
 5095 MARINA CIR
 BOCA RATON FL 33486
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/02/1996

4. FEI Number
59-3402613

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 **3188 E. Pebble Creek Dr.**
 27 Suite, Apt. #, etc.
 28 **AVON PARK, FL**
 29 Zip Country
 30 **33825 US**

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 **Miller, Michael L.**
 82 Street Address (P.O. Box Number is Not Acceptable)
3188 E. Pebble Creek Dr.
 83
 84 City **Avon Park** FL 85 Zip Code **33825**

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHAEL L	1.2 NAME	
STREET ADDRESS	5095 MARINA CIRCLE	1.3 STREET ADDRESS	3188 E. Pebble Creek Dr.
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ANN M	2.2 NAME	
STREET ADDRESS	5095 MARINA CIRCLE	2.3 STREET ADDRESS	3188 E. Pebble Creek Dr.
CITY-ST-ZIP	BOCA RATON FL 33486	2.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: ANN M. MILLER 4/3/99 (941) 386-1982
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)