

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000088247 (7)
 1. Corporation Name
TKM FARMS, INC.



Principal Place of Business 12700 WEST FOREST HILL BLVD. SUITE 203 WELLINGTON FL 33411	Mailing Address 12700 WEST FOREST HILL BLVD. SUITE 203 WELLINGTON FL 33411
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 P.O. Box 1329	26 P.O. Box 1329			10/11/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				28-060017 65-0699132	Not Applicable
22	27	5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 LOXAHATCHEE, FL	28 LOXAHATCHEE, FL	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33470	25	29 33470	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TEETS, FRANK D JR
12700 WEST FOREST HILL BLVD.
SUITE 203
WELLINGTON FL 33411

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **1384 PRIMROSE LANE**
 84 City **WELLINGTON** FL 85 Zip Code **33414**

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	BASORE, TOBIN	1.2 NAME	
STREET ADDRESS	C/O 12700 W FOREST HILL BLVD #204	1.3 STREET ADDRESS	13388 BEDFORD MEWS CT.
CITY-ST-ZIP	WELLINGTON FL 33411	1.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASORE, MIKE	2.2 NAME	
STREET ADDRESS	610 12700 W FOREST HILL BLVD #204	2.3 STREET ADDRESS	2593 YARMOUTH DRIVE
CITY-ST-ZIP	WELLINGTON FL 33411	2.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASORE, KEVIN	3.2 NAME	
STREET ADDRESS	610 12700 W FOREST HILL BLVD #204	3.3 STREET ADDRESS	13871 NORWICK ST.
CITY-ST-ZIP	WELLINGTON FL 33411	3.4 CITY-ST-ZIP	WELLINGTON, FL 33414
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.

SIGNATURE _____ DATE **3/17/98**

CR2E034 (10/97)