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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700003379 (9)

PEMBROKE FARMS, INC.

FILED Feb 25 1998 8:00am Secretary of State



Delegated Disease of De-	-1							
Principal Place of Bu		130	Mailing Address 150 SOUTHWEST 12 AVENUE, SUITE 370				·	
150 SOUTHWEST 12 POMPANO BEACH FL		ITU		rest 12 aven Each fl 3306		3/U		
							DO NOT WRITE IN THIS SPACE	
			•				3. Date Incorporated or Qualified 01/13/1997	
2. Principal Place of	Business		2a. Mailing Ad	ddress			4. FEI Number Applied For	
1		2	26				65-072,4254 Not Applica	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt.	#, etc.			5. Certificate of Status Desired \$8.75 Additional	
2			27				Fee Required	
City & State		-	City & Stat	te			6. Election Campaign Financing \$5.00 May Be	
Z _I p	Country		28 Zin		Country		Trust Fund Contribution	
<u>[4]</u>	25	-	Zip	- l	Country		8. This corporation owes or has paid the current year Intangible	
9. N	25 lame and Addres		29 agistered Agen	18	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	MYER CHARTER		giotoi de Aigen	······································	81	Name	10. Italia did Address of Hote Hogisterox Agoli.	
	RIA AVENUE	1166						
	ABLES FL 3313	24			82	Street A	Street Address (P.O. Box Number is Not Acceptable)	
SOURT OF	ADELO (E 00 IO	,			83			
					84	City	85 Zip Code	
1. Pursuant to the n	rovisions of Secti	ons 607 0502 an	d 607 1508 Fid	orida Statutos	the above	-named	corporation submits this statement for the purpose of shanning its register	
office or registere	d agent, or both	in the State of Fi	lorida. Such ch	ange was au	thorized by	the corp	corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered	
agent. 1 am famili	ar with, and acce	ept me obligation	is of, Section 60	07.05 0 5, Flori	ida Statutes	3.		
	typed or printed name	ol registered agent and	1 title if applicable	(NOTE:	Registered And	nt signature	required when reinstating)	
Signature	typed or printed name o	ol registered agent and FICERS AND DI		(NOTE:	Registered Age	nt signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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