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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000069043 (2)

AURORA FARM, INC.

	Principal Place of Business	Mailing Address		
Š	3010 WOODSTOCK AVE NAPLES FL 34120	3010 WOODSTOCK AVE NAPLES FL 34120		
			3. Date Incorpo 08/11/199	
	2. Principal Place of Business 21	26. Mailing Address 26	4. FEI Number	
	Sulte, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of	
	City & State	City & State	6. Election Cam Trust Fund C	
	Zip Country	Zip Country	8. This corporal	

FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			
	3010 WOODSTUCK AVE NAPLES FL 34120			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				08/11/1997
<u> </u>	a, Mailing Address			4. FEI Number Applied For Not Applicab
21 26 Suite, Apt. #, etc.	Suite, Apt. #, etc.			S8 75 Additional
22 27	1			5. Certificate of Status Desired Fee Required
City & State	City & State			6. Election Campaign Financing \$5.00 May Be
Zip Country		T 0		Trust Fund Contribution Added to Fees
Zip Country 25 29	Zip]	Countr 30	у	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Regi		1301	···-	10. Name and Address of New Registered Agent
HERNANDEZ, ROSA		8	1 Name	
3010 WOODSTOCK AVE		8:	2 Street Addr	ress (P.O. Box Number is Not Acceptable)
NAPLES FL 34120		8:		
			"	
		84	1 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and	607.1508, Florida Statut	es, the above	ve-named corp	poration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Flor agent. I am familiar with, and accept the obligations	rida. Such change was a of, Section 607.05 <mark>05,</mark> Fk	authorized b orida Statute	by the corporat as:	lion's board of directors. I hereby accept the appointment as registered
SIGNATURE				
Signature, typed or printed name of registered agent and life 12. OFFICERS AND DIRE		E: Registered A	gent algnature requir	and when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	DELETE	1.1 TITLE		Change Addition
NAME HERNANDEZ, RUBEN		1.2 NAME		
STREET ADDRESS 565 3RD ST SW		1.3 STREE	et address	
CITY-ST-ZIP NAPLES FL 34117		1.4 CITY-		
TITLE VSTD	☐ DELETE	21 TITLE		Change Additio
NAME HERNANDEZ, ROSA STREET ADDRESS 565 3RD ST SW		2.2 NAME	- 1	
STREET ADDRESS 585 3RD ST SW CITY-ST-ZIP NAPLES FL 34117		2.3 STREE	T ADDRESS	
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Additio
NAME		3.2 NAME		· -
STREET ADDRESS		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	The services	3.4. CITY-	ST-ZIP	
TITLE	DELETE	4.1 TITLE	.	Change
NAME Street address		4. 2 NAME	T ADDRESS	
CHY-ST-ZIP		4.4 CITY-	l l	
TITLE	DELETE	5.1 TITLE		Change Additio
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREE	T ADDRESS	
CITY-ST-2IP		5.4 CITY	ST-ZIP	
TITLE	Loriete			D 06 T 4-2-00'-
	DELETE	6.1 TITLE		☐ Change ☐ Additio
NAME STREET ADDRESS	DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Additio

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 of the reveiver or true of 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 alachment with an address.