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 # P9700081985 (8)

T. AND J. FARMS, INC.

FILED Mar 04 1998 8:00am Secretary of State

						1			
Principal Place of Business Mailing Address						E ENDIANDE EID INIE INNEI ANEIL MAIN ANEIL ANEIL ANEIL ANEILE	#) (FBIW)BIW) (B	IBI ALIT IABI	
201 ALHAMBRA SUITE 711 CORAL GABLES	201 ALHAMBRA CIRC Suite 711 Coral Gables fl 3	711			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 09/12/1997			
2. Principal Plac	e of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			
21		26	26					ot Applicable	
Suite, Apt. #,	etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired	
City & State		City & State	City & State			C. Flasting Compaign Financing	 	··	
23		28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	<u> </u>			8. This corporation owes or has paid the current year Intangible			
24	24 25 29 30			Personal Property Tax due June 30. 🔲 Yes 🔲 No					
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent					
	ier, L. Daniel		81 Name		Name				
	ALHAMBRA CIRCLE		82 Street Add		Street Addres	ss (P.O. Box Number is Not Acceptable)			
SUITE	E 711 AL GABLES FL 33134		1	33					
CON	AL CANDLES I E SO 104			\perp					
				1	City	FL	.	Code	
11. Pursuant to	the provisions of Sections 607.5	502 and 607.1508, Florida Sta	atutes, the abo	ove-r	named corpor	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing in	ts registered	
agent. I am	familiar with, and accept the ob	ligations of, Section 607.0505	Florida Statu	tes.	no corporation	ins board of directors. Thoseby decept the ap	DOMESTICK GO	10glotores	
SIGNATURE			NOTE B						
	nature, typed or pointed name of registered	AND DIRECTORS	NOTE: Registered /	Agont	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTOR	9C INI 12	
12.	D	DELETE	1.1 TITL	F		ADDITIONS/GITANGES TO GITTOETIS AIR	Change	Addition	
NAME	STRANO, ANTHONY S		1.2 NAM						
STREET ADDRESS	1779 NW 20TH STREET				DDAESS				
CITY-ST-ZIP	HOMESTEAD FL 33030		1.4 CITY						
TITLE	D	DELETE	2.1 TITL				Change	Addition	
NAME	STRANO, JOSEPH F		2.2 NAM	(E					
STREET ADDRESS	18021 SW 272ND STREET	•		2.3 STREET ADDRESS					
CITY-ST-ZIP	HOMESTEAD FL 33030		2.4 CIT	Y-ST-	-ZiP				
TITLE	·	☐ DELETE	3.1 TITL	E			☐ Change	Addition	
NAME			3.2 NAM	1E					
STREET ADDRESS			3.3 STAI	eet ad	ODRESS				
CITY-ST-ZIP			3.4. CIT		ZIP	<u>. </u>	112		
TITLE		☐ DELETE	4.1 TITĹ				∐ Change	Addition	
NAME			4. 2 NAN						
STREET ADDRESS			4.3 STRI						
CITY-ST-ZIP		DCLESS	4.4 CITY		ZIP		☐ Change	Addition	
TITLE		☐ DELETE	5.1 TITL				☐ cuande	T Worldoor	
NAME			5.2 NAM		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M = 1 / 2			
STREET ADDRESS			5.3 STRE			ha) 3/4/4/			
CITY-ST-ZIP TITLE	<u></u>	☐ DELET É	5.4 CITY 6.1 TITU		<u> </u>	77 10	Change	Addition	
NAME			6.2 NAM			1000024471	chango		
STREET ADDRESS			6.3 STRE		ODRESS	1000024471 -03/04/98010940	02		
CITY-ST-ZIP			6.4 CITY			***150.00			

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.