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

CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092528 (3)

Country

9. Name and Address of Current Registered Agent

BERLINSKY FARMING, INC.

Principal Place of	Business
PO BOX 701351 ST. CLOUD FL 34	770

2. Principal Place of Business

SIGNATURE:

Suite, Apt #, etc.

City & State

21

22

23

24

Zip

Mailing Address

PO BOX 701351 ST. CLOUD FL 34770

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

29

FILED Feb 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Yes

850-650-1699

Daytima Phone # 0487197

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

8. Election Campaign Financing

Personal Property Tax due June 30.

2/10/98

10. Name and Address of New Registered Agent

Trust Fund Contribution

10/27/1997 . FEI Number 59-3477587

ELOCUI, MITOTICUL II		81	Name						
ONE INDEPENDENT DRIVE SUITE 3104			82	Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32202			83	<u> </u>					
			63				1		
	1		84	City	FL	85 Zip	Code		
11. Pursuant to the provisions of Sections 60, 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register						s registered			
11. Pursuant to the provisions of Sections 60 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am famili									
SIGNATURE Signature should represed name of regulated agest and sile if applicable (NOTE Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS	6	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12		
TITLE	0	DELETE	1.1 TITLE			Change	Addition		
NAME	Berlinsky, reed H		1.2 NAME]		1		
STREET ADDRESS			13 STREET	ADDRESS					
CITY-ST-ZIP	ST. CLOUD FL 34770		1.4 CITY- S	T-ZIP					
TITLE		DELETE	21 TITLE			Change	Addition C		
Name			2.2 NAME				1		
STREET ADORESS			2.3 STREET	address			-		
CITY-ST-ZIP			2. 4 CITY-	ST - ZIP	<u> </u>				
TITLE		DELETE	3.1 TITLE			Change	Addition		
NAME			3.2 NAME				1		
STREET ADDRESS			3.3 STREET	ADDRESS			ļ		
CITY-S1-ZIP			3.4. CITY-5	ST-ZIP					
TITLE		☐ DELÆTE	4.1 TITLE			Change	Addition		
Name			4. 2 NAME				!		
STREET ADDRESS			4.3 STREET	ADDRESS	ļ		1		
CITY-ST-ZIP			44 CITY-S	T-ZIP					
TITLE		☐ DELETE	5 1 TITLE			Change	Addition		
Name	,		5.2 NAME				1		
STREET ADDRESS			5.3 STREET	ADDRESS	·		!		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP					
TITLE		DELETE	6.1 TITLE]	Change	Addition		
NAME		62 N					i		
STREET ADDRESS			6.3 STREET	ADDRESS			j		
CITY-ST-ZIP			6.4 CITY - S						
14. Thereby 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 displacemental 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 receiver or bustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an adapting it with an address.									

Reed H. Berlinsky

G OFFICER OR DIRECTOR

Country