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US 10087

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092528

1. Corporation Name
BERLINSKY FARMING, INC.

Principal Place of Business PO BOX 701351 ST. CLOUD FL 34770
Mailing Address PO BOX 701351 ST. CLOUD FL 34770

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/27/1997

4. FEI Number 59-3477587 Applied For Not Applicable

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. [] Yes [] No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEGLER, MITCHELL W
ONE INDEPENDENT DRIVE SUITE 3104
JACKSONVILLE FL 32202

81 Name Reed H. Berlinsky
82 Street Address (P.O. Box Number is Not Acceptable) 2726 13th Street
83
84 City St. Cloud FL 85 Zip Code 34769

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 [Signature] (NOTE: Registered agent signature required when reinstating)

(NOTE: Registered agent signature required when reinstating)

DATE April 13, 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for BERLINSKY, REED H.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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, with all other like empowered.

SIGNATURE: [Signature] REQUIRED

DATE April 13, 1999

Date Daytime Phone #

CR2E034 (1/198)