PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris.

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PO700005476

May 04, 1999 8:00 am Secretary of State

05-04-1999 90211 036 ***150.00

Principal Ptac	FARMS, INC.	Mailing Address 218-DATURA ST. 8RD FLOOR WEST-PALM-BEACH-FL 2340			DO NOT WRITE IN THIS 3. Date incorporated or Qualifed 11/06/1997		
2. Principal Place of Business 2a, Mailing Address					4. FEI Number		plied For
			Ath C	troot	65-0792263		(Applicable
21 2696 S. W. 96th Street 26 2696 S. W. 9 Suite, A-1. #, etc.			oen 5	CI CC C		\$8.75	dditional
					5. Certificate of Status Desired	Fee Re	quirad
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
Stuart, FL 28 Stuart, FL			-		Trust Fund Contribution	Added t	o Fees
Zip 24 34997	Country 25 USA	Zip 29 34997 3	Country US.		This corporation owes the current year in Personal Property Tax.	tangible Yes	 ₹ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
A147	THE COANNE W		81		, Manuel		
OWEN, FRANK-V			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
437 HARBOUR ROAD NORTH PALM BEACH FL 93468			<u> </u>	1645 P	alm Beach Lakes Boulevard		
THOM	ULI LYDU DEVOU LE 20400		83	Suite	1200		
	1	Λ	84			85 Zip C	ode 401
		<u> </u>				eti poi poi	4U1
11. Pursuant office/or r agent. I a	to the provisions of Sections 687.0503 registered agent or beth, in the State of im familiar with, and accept the obligati	and 607.1508, Florida Statutes f Florida. Such change was auti ons of, Section 607.0505, Florid	, the above horized by la Statutes	the corporation.	oration submits this statement for the purpose on its board of directors. I hereby accept the appoints	intment as reg	gistered
SIGNATURE		/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		5	(when reinstation) DATE		
12.	Signature, typed or printed rights of special agents OFFICERS AND		13.	st elibratritie vedrinoc	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	N DELETE	1.1 TITLE			Change	Addition
NAME	FARACH, MANUEL		12 NAME	- 1			
STREET ADDRESS			1.3 STREET	TADORESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401		14 CMY-5	T-ZPP			
TITLE	D DELETE		2.1 TITLE			Change	☐ Addition
NAME	Ron Smith		2.2 NAME				ļ
STREET ADDRESS	2696 S. W. 96th Str	eet, 76A	2.3 STREET	FADORESS			
CITY-ST-ZIP	Stuart, FL 34997		2.4 CITY-S	71-ZEP			
TITLE	D	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	Linda Beckwith		3.2 NAME				
STREET ADDRESS	2696 S. W. 96th Sti	reet, 76A	3.3 STREET	TADORESS			•
CITY-ST-ZIP	Stuart, FL 34997		3.4, CITY-ST-ZIP			Change	Addition
TITLE	!	DELETE	4.1 TTLE	[∏ ∧u e-û e	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	l l			
CITY-ST-ZIP	1		4.4 CITY-S	T-ZIP			
	 					Change	Addition
MUE		☐ DELETE	5.1 TITLE			Change	Addition
MUTE NAME		☐ DELETE	5.1 TITLE 5.2 NAME	r annopees		☐ Change	Addition
TITLE NAME STREET ADORESS		☐ OELETE	5.1 TITLE 5.2 NAME 5.3 STREET			☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME			☐ Change	Addition
TITLE NAME STREET ADORESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S				

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 supplementation runs 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

REQ Ron Smith, Director

03/8/99

CR2E034 (11/98)