

MAR-13-1998 12:03

GERSON PRESTON

FILL NOW. FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P97000109140</u> 1. Corporation Name <u>High Point Farm Inc</u>			
2. Principal Place of Business <u>5040 SW 87th Ave</u> <u>Cooper City FL 33328</u>		2a. Mailing Address <u>Same</u>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	3. Date Incorporated or Qualified <u>10/30/97</u>	3a. Date of Last Report
22. City & State	27. City & State	4. FEI Number <u>05-0818565</u>	☐ Applied For ☐ Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent <u>Pamela Segal</u> <u>5040 SW 87th Ave</u> <u>Cooper City FL 33328</u>		10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0512 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 607.0506, Florida Statutes.		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	
SIGNATURE <u>Pamela Segal</u>		12. OFFICERS AND DIRECTORS ☐ DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
12.1 TITLE <u>President</u>	12.2 NAME <u>Pam Segal</u>	13.1 TITLE	13.2 NAME
12.3 STREET ADDRESS <u>5040 SW 87th Ave</u>	12.4 CITY, ST, ZIP <u>Cooper City FL 33328</u>	13.3 STREET ADDRESS	13.4 CITY, ST, ZIP
12.5 TITLE	12.6 NAME	13.5 TITLE	13.6 NAME
12.7 STREET ADDRESS	12.8 CITY, ST, ZIP	13.7 STREET ADDRESS	13.8 CITY, ST, ZIP
12.9 TITLE	12.10 NAME	13.9 TITLE	13.10 NAME
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12.15 STREET ADDRESS	12.16 CITY, ST, ZIP	13.15 STREET ADDRESS	13.16 CITY, ST, ZIP
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12.29 TITLE	12.30 NAME	13.29 TITLE	13.30 NAME
12.31 STREET ADDRESS	12.32 CITY, ST, ZIP	13.31 STREET ADDRESS	13.32 CITY, ST, ZIP
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12.97 TITLE	12.98 NAME	13.97 TITLE	13.98 NAME
12.99 STREET ADDRESS	12.100 CITY, ST, ZIP	13.99 STREET ADDRESS	13.100 CITY, ST, ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(c), 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.			
SIGNATURE: <u>Pam Segal</u>		600002512916 -05/06/98--01029--028 ***150.00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/7/98	

CR2E004 (3/96)