


FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90063 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000009638 1. Corporation Name WALSH FARMS, INC.			
Principal Place of Business 19380 SW 264 STREET HOMESTEAD FL 33031		Mailing Address 19380 SW 264 STREET HOMESTEAD FL 33031	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 300 N. Krome Ave		2a. Mailing Address PO BOX 900183	
Suite, Apt. #, etc. 11-A office 14		Suite, Apt. #, etc. 11-A office 14	
City & State Florida City, FL		City & State Homestead, FL	
Zip 33090		Zip 33090	
Country USA		Country USA	
9. Name and Address of Current Registered Agent MAAS, JOHN P ESQUIRE 44 NE 16 STREET HOMESTEAD FL 33030		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL	
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.		85 Zip Code 33030	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE OWNER		1.2 NAME WALSH, THOMAS J	
1.3 STREET ADDRESS 19380 SW 264 STREET		1.4 CITY-ST-ZIP HOMESTEAD FL 33031	
2.1 TITLE OWNER		2.2 NAME Walsh, Kevin	
2.3 STREET ADDRESS 19380 SW 264 St.		2.4 CITY-ST-ZIP Homestead, FL 33031	
3.1 TITLE OWNER		3.2 NAME Walsh, Kevin	
3.3 STREET ADDRESS 19380 SW 264 St.		3.4 CITY-ST-ZIP Homestead, FL 33031	
4.1 TITLE OWNER		4.2 NAME Walsh, Kevin	
4.3 STREET ADDRESS 19380 SW 264 St.		4.4 CITY-ST-ZIP Homestead, FL 33031	
5.1 TITLE OWNER		5.2 NAME Walsh, Kevin	
5.3 STREET ADDRESS 19380 SW 264 St.		5.4 CITY-ST-ZIP Homestead, FL 33031	
6.1 TITLE OWNER		6.2 NAME Walsh, Kevin	
6.3 STREET ADDRESS 19380 SW 264 St.		6.4 CITY-ST-ZIP Homestead, FL 33031	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99 **305-242-0074**
 Date Daytime Phone #

CR2E034 (11/98)