PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris ***********

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000056744

ALDAJUAN FARM, INC.

Principal Place of Business

Mailing Address

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90167 017 ***150.00

207000 - 20000 - 31



ST. CLOUD FL 34772 ST. CLOUD FL 34772									,	
						DO NOT WRITE	E IN THIS SP	ACE		
						3. Date Incorporated or Qualifed 06/24/1998				
2 Detactor Di	leas of Dusiness	2a Mailin	vo Addrose			4 FEI Number		1 A	plied For	
2. Principal Place of Business 2a. Mailing Address						29-3562619			ot Applicable	
21		26 Cuite	Ant # sto			- 30 VZ VI /				
Suite, Apt. #, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State City & State						5. Election Compaign Financing		\$5.00	May Be	
23 28						Trust Fund Contribution Added to Fees				
Zip	Country Zip			Country 8. This corporation owes the current year Intangible					1	
24	25	29	30			Personal Property Tax. Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
_			_	81	Name					
andrix, david				82	Street A	ddress (P.O. Box Number is Not Acceptab	la)			
4552 ALBRITTON RD.				02	Sueer	duress (F.O. Box Humber is Not Acceptab	,,			
ST. (CLOUD FL 34772			83						
				84	City		FL	5 Zip	Code	
			0.51			and a state of the		naina its	conistered	
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									\	
DIGITATIONE.	Signature, typed or printed name of registered agent				nt elignature re	quired when reinstating)	DATE		200 (44 40	
12.	OFFICERS ANI	DIRECTOR		13.		ADDITIONS/CHANGES TO OFFI				
TITLE	D		☐ DELETE	1.1 TITLE			L] Change	☐ Addition	
NAME	andrix, david			1.2 NAME					i	
STREET ADDRESS	4552 ALBRITTON RD.			1.3 STREET	ADDRESS				ĺ	
CITY-ST-ZIP	ST. CLOUD FL 34772			1.4 QTY-5	T-21P					
TITLE			☐ DELETE	21 TITLE				Change	Addition	
NAME	•			2.2 NAME						
STREET ADDRESS	•			2.3 STREET	ADDRESS				İ	
	*			2.4 CITY-5		•]	
CITY-ST-ZIP			DELETE	3.1 TITLE	-			Change	☐ Addition	
				3.2 NAME			-		1	
NAME					1200-00					
-STREET ADDRESS	_			3.3 STREE						
CITY-ST-ZIP		<u> </u>	☐ DELETE	3.4. CITY-5	1-21			1 Change	Addition	
TITLE			CI NECELE	4,1 ITTLE	- 1		_	,		
NAME				4. 2 NAME					1	
STREET ADDRESS	•			4.3 STREET	ADDRESS				ļ	
CITY-ST-ZIP	·			4.4 CITY-S	1-20°		<u></u>			
TITLE			DEFELE	51 TITLE				Change	Addition	
NAME				5.2 NAME					l	
STREET ADDRESS	•			5.3 STREET	ADDRESS				ŀ	
CITY-ST-ZIP				5.4 CITY-5	r-ZIP					
TITLE			DELETE	6.1 TITLE				Change	☐ Addition	
NAME				6.2 NAME					ļ.	
STREET ADDRESS	1. Y. 1921			6.3 STREET	ADORESS				- 1	
			1	6.4 CITY-S					ŀ	
CITY-ST-ZIP		h this films do	as bot qualify for the			in Section 119.07(3Vi). Florida Statutes. I fi	riber certify	hal the i	nformation	

d accurate and that my signature shall have the same legal effect as if made under oath; that I am an set to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in with all differ like empowered.