

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S28569 (9)**

1. Corporation Name  
**WETLANDS FARMS, INC.**



Principal Place of Business <b>4270 OVERHILL DR MERRITT ISLAND FL 32952 US</b>	Mailing Address <b>4270 OVERHILL DR MERRITT ISLAND FL 32952-6317 US</b>
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2. Principal Place of Business 21 <b>3535 N. Cocoa Blvd.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3535 N. Cocoa Blvd.</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>01/30/1991</b>	3a. Date of Last Report <b>04/05/1996</b>
22 <b>Cocoa</b> City & State	27 <b>Cocoa</b> City & State	4. FEI Number <b>59-3047998</b>	Applied For Not Applicable
23 <b>FL 32926</b> Zip	28 <b>FL 32926</b> Zip	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24	25	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MANN, BERNARD S. 4270 OVERHILL DR MERRITT ISLAND FL 32952</b>		10. Name and Address of New Registered Agent	
81 Name	<b>B. B. Nelson</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3535 N. Cocoa Blvd.</b>		
83			
84 City	<b>Cocoa</b>	85 Zip Code	<b>FL 32926</b>

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: *B. B. Nelson* **B. B. Nelson** DATE: **3/28/97**

Signature of officer or predecessor registered agent, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President-Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANN, BERNARD S.</b>	1.2 NAME	<b>B. B. Nelson</b>
STREET ADDRESS	<b>4270 OVERHILL DR</b>	1.3 STREET ADDRESS	<b>3535 N. Cocoa Blvd.</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	1.4 CITY-ST-ZIP	<b>Cocoa, FL 32926</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, B.B.</b>	2.2 NAME	
STREET ADDRESS	<b>3535 N. COCOA BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *B. B. Nelson* **B. B. Nelson** DATE: **3/28/97** DAYTIME PHONE #: **407-632-8088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/96)