

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S28707** (5)
1. Corporation Name
CELLULAR FARMS POLO, INC.

Principal Place of Business

767 FIFTH AVENUE
50TH FLOOR
NEW YORK NY 10153

Mailing Address

767 FIFTH AVENUE
50TH FLOOR
NEW YORK NY 10153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc:

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc:

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/31/1991

4. FEI Number

58-1945605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORP. SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE COB
NAME LINDEMANN GEORGE L.
STREET ADDRESS 2855 HURLINGHAM DR
CITY-ST-ZIP WELLINGTON FL ☐ DELETE

TITLE PCO
NAME LINDEMANN, ADAM M.
STREET ADDRESS 32 E. 64TH ST.
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VPT
NAME LINDEMANN FRAYDA B
STREET ADDRESS 2855 HURLINGHAM DR
CITY-ST-ZIP WELLINGTON FL ☐ DELETE

TITLE S
NAME SCHIEHLE, MATHILDA
STREET ADDRESS 322 W. 57TH ST.
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE COB ☒ Change ☐ Addition
1.2 NAME Lindemann, George L.
1.3 STREET ADDRESS 300 Clarke Avenue
1.4 CITY-ST-ZIP Palm Beach, FL 33480

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VPT ☒ Change ☐ Addition
3.2 NAME Lindemann, Frayda B.
3.3 STREET ADDRESS 300 Clarke Avenue
3.4 CITY-ST-ZIP Palm Beach, FL 33480

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Schiehle, Mathilda E.
4.3 STREET ADDRESS 44 West 62nd Street
4.4 CITY-ST-ZIP New York, NY 10023

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 a duly empowered officer 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 in an attachment with an address.

SIGNATURE:

January 27, 1998 (212) 605-0813

CR2E034 (10/97)