

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90012 049 ***550.00

DOCUMENT # **S28707** ✓

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

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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 607.0502 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

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** ☐ DELETE
NAME **LINDEMANN GEORGE L**
STREET ADDRESS **300-CLARKE AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **VPT** ☐ DELETE
NAME **LINDEMANN FRAYDA B**
STREET ADDRESS **300-CLARK AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **S** ☐ DELETE
NAME **SCHIEHLE, MATHILDA**
STREET ADDRESS **44-WEST 62ND STREET**
CITY-ST-ZIP **NEW YORK NY 10023**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **60 Blossom Way**
1.4 CITY-ST-ZIP **Palm Beach, FL 33480**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **770 Park Avenue**
2.4 CITY-ST-ZIP **New York, NY 10021**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **60 Blossom Way**
3.4 CITY-ST-ZIP **Palm Beach, FL 33480**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **750 Columbus Ave - NY**
4.4 CITY-ST-ZIP **N.Y. NY 10025**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99

Daytime Phone #

812-605-0813

CR2E034 (5/99)