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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

S64306

(1)

	CRY FARMS, INC.					; 			
Principal Place of Business Mailing Address DONNA PIERCE LAKEVIEW AVE., BOX 393 CHULUOTA FL 32766 Mailing Address DONNA PIERCE LAKEVIEW AVE., BOX 393 CHULUOTA FL 32766 CHULUOTA FL 32766				393					
						3. Date Incorporated or Qualifie		e of Last F	•
2 Principal Pla	ace of Business	2a, Mailing Address				07/05/1991 4. FEI Number		04/26/1	
21	BOO OF BUSINESS	26. Walling Address				59-3082859		}	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				39 3002639			Not Applicable 5 Additional
22		27				5. Certificate of Status Desired			Required
City & State	е	City & State				6. Election Campaign Financing		\$5.0	00 May Be
23		28				Trust Fund Contribution			ed to Fees
	Country	Zip		untry		8. This corporation has liability		ax under s	199.032,
24	25	29	30				Yes No		
	9. Name and Address of Co	urrent Hegistered Agent		81 1	Jama	10. Name and Address of New	w Registered	Agent	
DIEDOG	- DONNA			֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Name				
	e, donna /iew ave.		83		Street Addre	ess (P.O. Box Number is Not Accep	otable)		
BOX 39	_			83					
	93 IOTA FL 32766								
Choco	101A FL 32100			84 (Dity		FL	85 Z	ip Code
	th, and accept the obligations of,								
SIGNATURE _	Signaturo, typod or printed name of registered	d agent and title 4 applicable (NC				d of directors. I hereby accept the a	DATE		
SIGNATURE _	OFFICERS	d agent and title 4 applicable (NC S AND DIRECTORS					DATE	DIRECTO	DRS IN 12
SIGNATURE _	OFFICERS PT	d agent and title 4 applicable (NC	III Registered	d Agent sig		l when reinstating:	DATE DEFICERS AND	DIRECTO	DRS IN 12
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

MONATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 (407) Days

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