

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Restatement APPROVED
AND
FILED

96 DEC 26 PM 2: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S90561 (9)
1. Corporation Name
DILLMAN FARMS, INC.



Principal Place of Business Mailing Address
~~6505 DILLMAN RD. EXT.~~ ~~PO BOX 15255~~
~~WEST PALM BEACH FL 33413~~ ~~WEST PALM BEACH FL 33416~~
~~US~~

3. Date Incorporated or Qualified 10/29/1991 3a. Date of Last Report 07/26/1995

2. Principal Place of Business 2a. Mailing Address
21 500 Australian Ave 26 Same as #2
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 110 Bn134 27
City & State City & State
23 West Palm Beach FL 28
Zip Country Zip Country
24 33401 25 USA 29 30

4. FEI Number 65-0302536 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUDE, HAROLD
~~6585 DILLMAN ROAD EXTENSION~~
~~WEST PALM BEACH FL 33413~~

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 500 Australian Ave
B4 Suite 110
B5 City West Palm Beach FL B6 Zip Code 33401

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]* HAROLD DUDE 12-9-96
Signature based on printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change Addition
NAME	DUDE, HAROLD	1.2 NAME	
STREET ADDRESS	6585 DILLMAN ROAD EXT.	1.3 STREET ADDRESS	500 Australian Ave Suite 110
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	West Palm Beach, FL 33401
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	700002044777-00
CITY - ST - ZIP		4.4 CITY - ST - ZIP	-01/03/97--01110--007
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	***1151.25 ***383.75
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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]* HAROLD DUDE 1/15/96 407683 4795
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2034 (12/95)