**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S93374

FARMERS FINANCIAL SERVICES, INC.

Principal Plac	ce of Business	Mailing Address					INDIA EREK BROI	<b>                                    </b>	BIBIT GIBIT IBBE
		1700 SOUTH DIXIE HIGHWA				·			
SUITE 3B SUITE 3B									
BOCA RATON FL 33432 BOCA RATON FL 33432						DO NOT.W		IS SPACE	
						<ol> <li>Date Incorporated or Qualife 11/08/1991</li> </ol>	ed	•	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		T A	pplied For
21	•	26				65-0292758		N	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				- C-45-4	4	\$8.75	Additional
22		27				5. Certifcate of Status Desired	X	Fee R	equired
City & Stat	te	City & State		•		6. Election Campaign Financin	9 🗆	\$5.00	May Be
23		28				Trust Fund Contribution	9 D		to Fees
Zip	Country	Zip	Count	гу	.	8. This corporation owes the co	ırrent year l	ntangible	
24	25	29	30			Personal Property Tax.		Yes	□No
•	9. Name and Address of Current	Registered Agent				10. Name and Address of Nev	v Registere	d Agent ·	
			8	1 Name	:				
	KERY, CHARLES E.	***	ā	2 Street	Addres	s (P.O. Box Number is Not Acce	ntable)		• • •
	Ò SOUTH DIXIE HIGHWAY	1,		- 000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and an about the second contract	ramerey . s. eng s. 2 with	er er egerge	Sette Zifti if
	TE 3B		8	3			緒門號	<b>强制建筑</b>	111111111111111111111111111111111111111
BOC	CA RATON FL 33432	•	-	4 00		. 自是各种的原则	\$13 bu \$3	130 Tel: 101	<u> </u>
			ľ	4 City		•	F	L 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s, the abo	ve-namec	corpora	ation submits this statement for the	ne purpose	of changing it	s registered
				AC-HOILIEC					
office or r	registered agent, or both, in the State o	of Florida. Such change was au	thorized t	y the corp	oration'	s board of directors. I hereby acc	ept the app	ointment as re	egistered
office or r agent. I a	registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Such change was au	thorized t	y the corp	ooration'	s board of directors. I hereby acc	ept the app	ointment as r	egistered
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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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**SIGNATURE** 

**FILED** 

Feb 04, 1999 8:00am

**Secretary of State** 

02-04-1999 90002 038 \*\*\*158.75