

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V73964** (1)

1. Corporation Name
STEM FARMS, INC.

Principal Place of Business

**7184 SE OSPREY STR
HOBE SOUND FL 33455
US**

Mailing Address

**PO BOX 235
HOBE SOUND FL 33475-0235
US**



3. Date Incorporated or Qualified 10/22/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0368975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8725 SW Kanner Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 8725 SW Kanner Hwy Suite, Apt. #, etc.
22 City & State Indiantown FL	27 City & State Indiantown FL
23 Zip 34956 Country us	28 Zip 34956 Country us

9. Name and Address of Current Registered Agent

**TAYLOR, MARY
8906 SE SANDY LN
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name Taylor Mary
82 Street Address (P.O. Box Number is Not Acceptable) 8725 SW Kanner Hwy
83
84 City Indiantown FL 85 Zip Code 34956

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOONER, EVA	1.2 NAME	
STREET ADDRESS	4700 SE ROBERTSON RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT SALERNO FL 34992	1.4 CITY - ST - ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	2.1 TITLE	VTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MARY	2.2 NAME	Taylor, Mary
STREET ADDRESS	8906 SE SANDY LN	2.3 STREET ADDRESS	8725 SW Kanner Hwy
CITY - ST - ZIP	HOBE SOUND FL 33455	2.4 CITY - ST - ZIP	Indiantown FL 34956
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Mary Taylor 4/9/97 561-597-3328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)