

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 14 1996 8:00 am
Secretary of State

DOCUMENT # 162706 (6)

1. Corporation Name
CATTLE FARMS INC



Principal Place of Business Mailing Address
1023 F.N.B.C. BLDG. NEW ORLEANS LA 70130-1301
1574 HENRY CLAY AVE. NEW ORLEANS, LA 70118
1023 F.N.B.C. BLDG. NEW ORLEANS LA 70130-1301
1574 HENRY CLAY AVE. NEW ORLEANS, LA 70118

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	08/22/1950	03/21/1995
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	72-6021075	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	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	

9. Name and Address of Current Registered Agent

WHALEY, RANEY CORP. SERVICE CO OF FLA
2921 OLD BAINBRIDGE RD.
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 of officer or director of registered agent, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEMBROKE, GRAHAM C	1.2 NAME	P D Taylor L. Caffery
STREET ADDRESS	GENERAL DELIVERY	1.3 STREET ADDRESS	2431 S. Acadian Thruway Suite 200
CITY-ST-ZIP	KILMARNOCK, VA 00000	1.4 CITY-ST-ZIP	Baton Rouge, LA 70808
TITLE	SDT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DART, JOHN JR	2.2 NAME	Stephen P. Dart
STREET ADDRESS	3207 BOLSUM ST #3 Shady Lane	2.3 STREET ADDRESS	P.O. Drawer 610
CITY-ST-ZIP	NEW ORLEANS, LA 70118	2.4 CITY-ST-ZIP	St. Francisville, LA 70775
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAFFERY, TAYLOR	3.2 NAME	Mrs. Ellie W. Caffery
STREET ADDRESS	1023 FNBC BLDG	3.3 STREET ADDRESS	1574 Henry Clay Ave
CITY-ST-ZIP	NEW ORLEANS, LA 00000	3.4 CITY-ST-ZIP	New Orleans, LA 70118
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, HARRY H JR	4.2 NAME	John Dart, Jr.
STREET ADDRESS	1305 TERRY WAY	4.3 STREET ADDRESS	#3 Shady Lane
CITY-ST-ZIP	FALLSTON MD	4.4 CITY-ST-ZIP	Covington, LA 70433
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWER, MARY B	5.2 NAME	
STREET ADDRESS	3724 BISQUIER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANCHORAGE, AK 00000	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96 504-899-9950

CR2E034 (12/95)