SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT# 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90011 031 ***550.00

HAD-A-I	FARM ASSOCIATES, INC.					
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Principal Place	e of Business	Mailing Address		- I 1881 11 BB10 B5110 G1110 11	IIO IIOO IIOO IIOO BIORI OI	0) 858(\$18) 858(0) 0 108
•	FEDERAL HWY	4800 NORTH FEDERAL HWY	•			
STE. 200E	PEDERAL TIWT	STE 200 E				
BOCA RATON	FL 33431	BOCA RATON FL 33431		DO NOT W	RITE IN THIS S	PACE
US		US		3. Date Incorporated or Qualifi	ed	
				10/19/1983		
		2a. Mailing Address		4. FEI Number		Applied For
21 5823	3 Vintage OAKS Circles	6 5823 Vintage	Daks Cicele	59-2332433		Not Applicable
Suite, Apt.	#, etc. 🔷	Suite, Apt. #, etc.		5. Certificate of Status Desired	, 🗆	\$8.75 Additional
22	2					Fee Required
City & State		City & State	~~~~~ = ==============================	6. Election Campaign Financin	اس وا	\$5.00 May Be
23 DEUR	<u> </u>	BELREY BERL	+CRIDA	Trust Fund Contribution		Added to Fees
— (°	Country	¬ Zip	Country	8. This corporation owes the c		Yes No
24		9 23484 30	ASP	10. Name and Address of New		
	9. Name and Address of Current Re	gistered Agent	81 Nar	10. Name and Address of Net	w registered A	Acur
GRI	OSSMAN, HERBERT M					
	NO NORTH FEDERAL HWY		1 1	erbert M Grossman		
	E. 200E			23 Vintage Oaks Circle		
	CA RATON FL 33431		De De	elray Beach, Florida 33484		
50.	5/110/110/112 do 10 !		84 City		_	5 Zìp Code
11. Pursuant	to the provisions of sections 607.0502 and	t 607.1508, Florida Statutes, i Iorida. Such change was auth	the above-named corpor horized by the corporation	ration submits this statement for the on's board of directors. I bereby ac	e purpose of chai cept the appoint	nging its registered ment as registered
						- I
agent. I	registered agent, or both, in the State of F am familiar with, and accept the obligation:	s of, section 607.0505, Florid	la Statutes.			
agent. 1 a	of the m droom	- Jusidin	<u> </u>	ے سے	20 (a	199
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signature requ	ے سے	2-0 LO	199
SIGNATURE	Signature, typed or printed name of hydistered agent and OFFICERS AND DI	ittle if applicable. (NOTE:	Registered Agent signature requ	ے سے	20 (a	DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed naminor registered agent and OFFICERS AND DI	title if applicable. (NOTE	Registered Agent signature requests 13.	ilred when reinstating)	DATE	199
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indicated on this annual report or supplies with this time and a courage 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 attackment with an address.