

**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

**DOCUMENT # 372807 (8)**

1. Corporation Name  
**FRANKLIN PRODUCE BROKERAGE, INC.**



Principal Place of Business: **2540 SUN COVE LANE, PALM BCH GARDENS FL 33410**  
Mailing Address: **2540 SUN COVE LANE, PALM BCH GARDENS FL 33410**

3. Date Incorporated or Qualified <b>11/16/1970</b>	3a. Date of Last Report <b>04/14/1995</b>
4. FEI Number <b>59-1366645</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent <b>BRANT, WILLIAM 330 FEDERAL HIGHWAY LAKE PARK FL 33403</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P UVANILE, FRANK JR.</b>	12 NAME	<b>UVANILE, FRANK</b>
STREET ADDRESS	<b>9208 W. HIGHLAND PINES</b>	13 STREET ADDRESS	<b>19 PRESTWICK PLACE</b>
CITY-ST-ZIP	<b>PALM BEACH GRDNS FL</b>	14 CITY-ST-ZIP	<b>BRANTFORD, ONTARIO, CANADA,</b>
TITLE	<input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VT HANSFORD, JOAN</b>	22 NAME	<b>N3T6H3</b>
STREET ADDRESS	<b>2540 SUN COVE LANE</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S HANSFORD, WILLIAM</b>	32 NAME	
STREET ADDRESS	<b>2540 SUN COVE LANE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 as an attachment with an address.

SIGNATURE: *Joan Hansford* **JOAN HANSFORD, VICE PRESIDENT & TREASURER** APRIL 18, 1996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)