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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 617872

(7)

1. Corporation Name

SY KATZ PRODUCE, INC.

Principal Place of Business

150 S.W. 12TH AVENUE. SUITE 490 POMPANO BEACH FL 33060 Mailing Address

P O BOX 6216 POMPANO BEACH FL 33060



U\$ 2. Principal Place of Business						3. Date Incorporated or Qualified 04/18/1979		. Date of Last Report 04/25/1995		
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number 59-2069613			Applied For	
Suite, Apt #,	, etc.	Suite, Apt. #, etc.				00 20000 10			Not Applicable	
27						5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be	
Ζφ	Country	Zp	Cou	untry		8. This corporation has liability for i	intannible tax		to Fees	
4	25	29	30	ĺ		Florida Statutes	. •	. di idoi o	755,562,	
	9. Name and Address of Current	Registered Agent		81		10. Name and Address of New R	egistered A	gent		
MAROOULO OMEN					Name					
MARGOLIS, OWEN 21406 SWEETWATER LANE BOCA RATON FL 33434				82 Street Address (P.O. Box Number is Not Acceptable)		le)				
				83						
BOOK	TOTO IN FL 33434			63						
				84	City			85 Z	p Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the a					amed corpora	tion submits this statement for the nur	Oose of char	oino ito	registered office	
or registered	a agent, or both, in the State of Hono	a. Such change was author	rized by the i	corpo	oration's board	lion submits this statement for the pur Lof directors. I hereby accept the appo	pose of char pintment as r	egistere:	registered office 3 agent. I am	
ICT INICH VVIII	, and accept the obligations of, Section	on buz.ubub, Florida Statuti	ies.							
SIGNATURE SE	greature, typical or printed name of registered agent a	nd tile if a pplicable ((NOTE: Registered	d Agent	t signature reujuired	when reinstating	DATE			
2.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12	
ITLE	P	☐ DELET€	1 1 7	TITLE				Change	☐ Addition	
IAME	MARGOLIS, OWEN	-	1.2 N	AME						
SPREET ADDRESS	21406 SWEETWATER KLAN	t	1.3 \$	TREFT	address					
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4. Ide 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 chapter or on un attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96 (954) 946-3630