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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 682295 (1)

1. Corporation Name
NORMAN BROS. PRODUCE, INC.

Principal Place of Business	Mailing Address
7621 SW 87 AVENUE MIAMI FL 33173	7621 SW 87 AVENUE MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 08/13/1980	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2020588	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

SUGGS, SUANN B
7621 SW 87 AVENUE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VP-D	☐ Change ☑ Addition
NAME	NELSON, DAVID		1.2 NAME	Kelly S. Boyle	
STREET ADDRESS	25401 S.W. 147 AVE.		1.3 STREET ADDRESS	29240 SW 205 Ave	
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP	Homestead FL 33030	
TITLE	VD	☑ DELETE	2.1 TITLE	VP-D	☐ Change ☑ Addition
NAME	GRAVES, KENNETH		2.2 NAME	Kimberly J Booth	
STREET ADDRESS	19370 S.W. 280 ST.		2.3 STREET ADDRESS	16240 SW 282 ST	
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP	Homestead FL 33033	
TITLE	D	☑ DELETE	3.1 TITLE	Theresa Q Dickinson VP-D	☐ Change ☑ Addition
NAME	GRAVES, NANCY		3.2 NAME		
STREET ADDRESS	19370 S.W. 280 ST.		3.3 STREET ADDRESS	28242 SW 163 Ct	
CITY-ST-ZIP	HOMESTEAD FL		3.4 CITY-ST-ZIP	Homestead FL 33033	
TITLE	TD	☐ DELETE	4.1 TITLE	VP-D	☐ Change ☑ Addition
NAME	NELSON, MARILYN		4.2 NAME	Deborah L. Linton	
STREET ADDRESS	25401 S.W. 147 AVE.		4.3 STREET ADDRESS	27641 SW 164 Ave	
CITY-ST-ZIP	HOMESTEAD FL		4.4 CITY-ST-ZIP	Homestead FL 33031	
TITLE	SD	☐ DELETE	5.1 TITLE	VP-D	☐ Change ☑ Addition
NAME	SUGGS, SUANN B		5.2 NAME	Timothy T Nelson	
STREET ADDRESS	19540 WHISPERING PINES RD		5.3 STREET ADDRESS	28502 SW 163 Ct	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Homestead FL 33033	
TITLE	~~VP-D~~	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	~~Kimberly J Booth~~		6.2 NAME		
STREET ADDRESS	~~16240 SW 282 ST~~		6.3 STREET ADDRESS		
CITY-ST-ZIP	~~Homestead FL~~ 33033		6.4 CITY-ST-ZIP		

14. I 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: Suann B Suggs 1-2-98 305-224-4363

CR2E034 (10/97)