

**WARNING: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 FEE DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**NONPROFIT CORPORATION
 ANNUAL REPORT
 1997**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morthy
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 791043 (3)
 1. Corporation Name
FLORIDA TOMATO EXCHANGE

FILED

97 OCT -3 PM 1:50

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



Principal Place of Business Mailing Address
**4401 E. COLONIAL DR.
 ORLANDO FL 32803
 US** **P.O. BOX 140635
 ORLANDO FL 32814
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1974	3a. Date of Last Report 04/22/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1564849	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAWKINS, WAYNE 4401 EAST COLONIAL DRIVE ORLANDO FL 32814				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRANO, ROSARIO			1.2 NAME	Gary Smigiel		7965 Lantana Rd
STREET ADDRESS	76 W PALM DR			1.3 STREET ADDRESS	P.O. Box 540623		Lantana, FL 33462
CITY-ST-ZIP	FLORIDA CITY FL 33034			1.4 CITY-ST-ZIP	Lake Worth, FL		33454
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLURE, DAN			2.2 NAME			
STREET ADDRESS	P.O. BOX 963 (NA)			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Secretary-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGREGOR, WILLIAM R.			3.2 NAME	Marshall Hagan		21150 S.W. 167th Ave
STREET ADDRESS	8981 SW 114TH STREET			3.3 STREET ADDRESS	P.O. Box 970349		Miami
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Perrine, FL 33197	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	EV	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKINS, WAYNE			4.2 NAME			
STREET ADDRESS	4401 E COLONIAL DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEILL, DAVID			5.2 NAME			
STREET ADDRESS	2709 MCNEILL RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL			5.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAH, DAVID			6.2 NAME			
STREET ADDRESS	212 JEROME DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	IMMOKALEE FL 33934			6.4 CITY-ST-ZIP			

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED

9/15/97

407-894-3071

CP2E037 (4/97)

(Signature) 9/16/97