

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006549 (7)**  
1. Corporation Name  
**FLORIDA FARMERS & SUPPLIERS COALITION, INC.**



Principal Place of Business <b>1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE FL 33309</b>	Mailing Address <b>1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE FL 33309-1953</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/26/1996</b>	3a. Date of Last Report <b>1st.</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0714546</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	85 Zip Code	

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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMIGEL, GARY</b>		1.2 NAME	
STREET ADDRESS <b>1451 WEST CYPRESS CREEK ROAD, SUITE 100</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DIMARE, PAUL J</b>		2.2 NAME	
STREET ADDRESS <b>1451 WEST CYPRESS CREEK ROAD, SUITE 100</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RODRIGUEZ, J. LUIS</b>		3.2 NAME	
STREET ADDRESS <b>1451 WEST CYPRESS CREEK ROAD, SUITE 100</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NEILL, DAVID</b>		4.2 NAME	
STREET ADDRESS <b>1451 WEST CYPRESS CREEK ROAD, SUITE 100</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAYLOR, JAY</b>		5.2 NAME	
STREET ADDRESS <b>1451 WEST CYPRESS CREEK ROAD, SUITE 100</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>		5.4 CITY-ST-ZIP	
TITLE <b>Esformes Joseph</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>Esformes Joseph</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>503 - 10th Street West</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>Palmetto, FL 34221</b>	

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.

CR2E037 (9/96)

*[Handwritten Signature]* 3/14/97 054 772 1774