

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90299 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006549

1. Corporation Name
FLORIDA FARMERS & SUPPLIERS COALITION, INC.

Principal Place of Business 1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE FL 33309	Mailing Address 1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE FL 33309
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/26/1996	4. FEI Number 65-0714546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **J. Luis Rodriguez**
 82 Street Address (P.O. Box Number is Not Acceptable)
1451 W. Cypress Creek Rd Ste 100
 83
 84 City **Ft. Lauderdale** FL 85 Zip Code **33309**

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 *J. Luis Rodriguez* **J. Luis Rodriguez** DATE **4-13-99**

Signatures, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VP	<input type="checkbox"/>
NAME	SMIGEL, GARY	
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD, SUITE 100	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/>
NAME	DIMARE, PAUL J	
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD, SUITE 100	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/>
NAME	RODRIGUEZ, J. LUIS	
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD, SUITE 100	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/>
NAME	NEILL, DAVID	
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD, SUITE 100	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/>
NAME	TAYLOR, JAY	
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD, SUITE 100	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/>
NAME	ESFORMES JOSEPH	
STREET ADDRESS	503 10TH ST WEST	
CITY-ST-ZIP	PALMETTO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Marshall Hagan		
1.3 STREET ADDRESS	1451 W. Cypress Creek Road Ste 100		
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309		
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Larry Lipman		
2.3 STREET ADDRESS	1451 W. Cypress Creek Road Ste 100		
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309		
3.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Frank Pero		
3.3 STREET ADDRESS	1451 W. Cypress Creek Road Ste 100		
3.4 CITY-ST-ZIP	FT. Lauderdale, FL 33309		
4.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Steve Thomas		
4.3 STREET ADDRESS	1451 W. Cypress Creek Road Ste 100		
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Luis Rodriguez* **SIGNATURE REQUIRED** DATE **4-13-99** DAYTIME PHONE # **954 772 1771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E037 (1/198)