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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90211 006 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P13407

1. Corporation Name
CHIQUITA CITRUS PACKERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O TAX DEPARTMENT
250 E FIFTH ST. 27TH FLOOR
CINCINNATI OH 45202

Mailing Address
C/O TAX DEPARTMENT
250 E FIFTH ST. 27TH FLOOR
CINCINNATI OH 45202

3. Date Incorporated or Qualified
02/27/1987

4. FEI Number
04-2476807

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BATTAGLIA, ANTHONY D.	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 EAST FIFTH ST		1.2 NAME
STREET ADDRESS	CINCINNATI OH		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	V WARSHAW, STEVEN G	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	250 EAST FIFTH ST.		2.2 NAME
STREET ADDRESS	CINCINNATI OH		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	VD TSACALIS, WILLIAM A.	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 EAST FIFTH ST.		3.2 NAME
STREET ADDRESS	CINCINNATI OH		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	VSD ROBERT W. OLSON	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 EAST FIFTH STREET		4.2 NAME
STREET ADDRESS	CINCINNATI OH		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	VT KONDRITZER, GERALD R	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 EAST FIFTH ST.		5.2 NAME
STREET ADDRESS	CINCINNATI OH		5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE	V LIGAN, WARREN J.	<input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 EAST FIFTH STREET		6.2 NAME
STREET ADDRESS	CINCINNATI OH		6.3 STREET ADDRESS
CITY-ST-ZIP			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 119.073(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, with a power of attorney.

SIGNATURE: *Judith A. Lemke* 3/24/99 (513) 784-8927
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)