

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000004092 (0)

1. Corporation Name
EAST COAST FRUIT COMPANY, INC. OF GEORGIA



Principal Place of Business: 3335 N EDGEWOOD AVE JACKSONVILLE FL 32254 US
Mailing Address: 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-3218834
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

9. Name and Address of Current Registered Agent
**SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTNOY, GOLDIE	1.2 NAME	
STREET ADDRESS	2823 EVERCHARM PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORSTEIN, JACK F	2.2 NAME	
STREET ADDRESS	8265 BAYBERRY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSBACHER, LEWIS	3.2 NAME	
STREET ADDRESS	4215 SOUTHPOINT BLVD., SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSINK, RICHARD	4.2 NAME	
STREET ADDRESS	3335 N EDGEWOOD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTNOY, JERRY	5.2 NAME	
STREET ADDRESS	3335 N EDGEWOOD AVE	5.3 STREET ADDRESS	200001810642
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	-05/07/96--01026--013
TITLE		6.1 TITLE	***200.00
NAME		6.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of name or address.

SIGNATURE: Richard Passink
Date: 4/29/96
Daytime Phone #: 904-355-7591

CR2E034 (12/95)