## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

7620 S. DIXIE HWY.

WEST PALM BEACH FL 33405-4816

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

WEST PALM BEACH FL 33405

7620 S. DIXIE HWY.

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 10 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400007582 (7)

FAMILY PRODUCE MARKET, INC.

3. Date incorporated or Qualified 3a. Date of Last Report 01/31/1994 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0462166 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zια Country Zip This corporation has liability for intangible tax under s. 199.032, 25 30 Florida Statutes Yes No 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name DEFEO, ANGELA J 7820 S. DIXIE HWY. 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33405 83 84 City 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. SIGNATU (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. Change ☐ Addition THLE DELETE 1.1 TITLE DEFEO. JOHN J 1.2 NAME NAME 6261 Serene RON 1724 NORTH U. STREET 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 1.4 CITY - \$1-ZIP CITY ST-ZIP Change DELETE Addition TITLE 21 TITLE DEFEO. ANGELA J NAME 22 NAME 1724 NORTH O STREET 2 3 STREET ADDRESS STREET ADDRESS LAKE-WORTH FL CITY-S1-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3.1 FITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP C(1y - \$1 - Z)P DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP D-TY-ST-20P DELETE 5.1 TITLE ☐ Change ☐ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition TITLE 61 TITLE NAME 62 NAME

information inducated 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.

SIGNATURE:

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

63 STREET ADDRESS 64 CITY+ST-ZIP