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**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000003587 (8)

1. Corporation Name
EVERGLADES NATIVE GROWERS, INC.



Principal Place of Business: 105 S NARCISSUS AVE STE 701 WEST PALM BEACH FL 33401
Mailing Address: 105 S NARCISSUS AVE STE 701 WEST PALM BEACH FL 33401-5542

3. Date Incorporated or Qualified: 01/11/1996
3a. Date of Last Report: 1/11/96

21	1930 "D" RD	26	1930 D RD	4.	FEI Number 65-0660100	Applied For	Not Applicable
22		27		5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	Loxahatchee FL	28	Loxahatchee FL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	33470	25	West Palm Beach	30	W. P. B.	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 PARRISH, BRUCE W JR 105 S NARCISSUS AVE STE 701 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent			
81	Name	JAMES FORD		85	Zip Code	33470	
82	Street Address (P.O. Box Number is Not Acceptable)	1930 D RD					
83							
84	City	LOXAHATCHEE		85	State	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: JAMES FORD P. DATE: 4/25/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ROBINSON, DAVID	1.1 TITLE	
NAME	ROBINSON, DAVID	1.2 NAME	
STREET ADDRESS	1930 D ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	1.4 CITY-ST-ZIP	
TITLE	D GOLTZENE, THOMAS R	2.1 TITLE	V D JAYNE IVES
NAME	GOLTZENE, THOMAS R	2.2 NAME	JAYNE IVES
STREET ADDRESS	248 C ROAD	2.3 STREET ADDRESS	13298 82ND STN
CITY-ST-ZIP	LOXAHATCHEE FL 33470	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	D FORD, JAMES	3.1 TITLE	P D JAMES FORD
NAME	FORD, JAMES	3.2 NAME	JAMES FORD
STREET ADDRESS	248 C ROAD	3.3 STREET ADDRESS	1930 D RD
CITY-ST-ZIP	LOXAHATCHEE FL 33470	3.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAMES FORD P. DATE: 4/25/97 (561)
Signature and typed or printed name of signing officer or director. Daytime Phone # 795-7933

CR2E034 (9/96)