

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V14447 (9)**

1. Corporation Name  
**GEM TOMATO AND VEGETABLE SALES, INC.**



Principal Place of Business  
**1201 EAST ATLANTIC BLVD.  
SUITE 130  
POMPANO BEACH FL 33060**

Mailing Address  
**PO BOX 812342  
BOCOA RATON FL 33481  
US**

3. Date Incorporated or Qualified <b>02/17/1992</b>	3a. Date of Last Report <b>01/31/1995</b>
4. FEI Number <b>65-0312277</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

**9. Name and Address of Current Registered Agent**

**JOHNSTON, THOMAS W  
1201 EAST ATLANTIC BLVD.  
SUITE 103  
POMPANO BEACH FL 33060**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0012 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 607.0005, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE <b>D</b>	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME <b>MARGOLIS, GARY</b>	2. NAME
3. STREET ADDRESS <b>10728 MAPLE CHASE DR.</b>	3. STREET ADDRESS
4. CITY-ST-ZIP <b>BOCA RATON FL</b>	4. CITY-ST-ZIP
5. TITLE <input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY-ST-ZIP	8. CITY-ST-ZIP
9. TITLE <input type="checkbox"/> DELETE	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY-ST-ZIP	12. CITY-ST-ZIP
13. TITLE <input type="checkbox"/> DELETE	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY-ST-ZIP	16. CITY-ST-ZIP
17. TITLE <input type="checkbox"/> DELETE	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY-ST-ZIP	20. CITY-ST-ZIP

14. I do hereby certify that the information supplied 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 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: *Gary Margolis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-6-96**

**407488-1994**

CR2E034 (12/95)