

FILE NOW: FILING FEE IS \$61.25

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90128 019 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 791072

1. Corporation Name
FLORIDA SUGAR MARKETING & TERMINAL ASSN. INC.

Principal Place of Business 2655 N OCEAN DR SUITE 201 RIVIERA BEACH FL 33404 US	Mailing Address 2655 N OCEAN DR SUITE 201 RIVIERA BEACH FL 33404 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 28 City & State 29 Zip Country	3. Date Incorporated or Qualified 10/07/1977	4. FEI Number 59-1791586 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

HALE, JOHN
2655 N OCEAN DRIVE
STE 201
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDIVIA, JOSE	1.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLAZ	1.3 STREET ADDRESS	340 ROYAL POINCIANA WAY #316
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	PALM BEACH, FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, JOHN	2.2 NAME	
STREET ADDRESS	2655 N OCEAN DRIVE, #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTRERAS, ANTONIO	3.2 NAME	
STREET ADDRESS	DWEST SUGAR HOUSE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, LUIS J	4.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	4.3 STREET ADDRESS	340 ROYAL POINCIANA WAY #316
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	PALM BEACH, FL
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRILL, JAMES	5.2 NAME	
STREET ADDRESS	111 PONCE DE LEON	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, DON	6.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLAZ	6.3 STREET ADDRESS	340 ROYAL POINCIANA WAY #316
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	PALM BEACH, FL

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: APRIL 20, 1999 DAYTIME PHONE #: (561)842-2458

CR2E037 (11/98)