

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 # 191484 (5)

1. Corporation Name

U S AGRICULTURAL EXPORT CORPORATION



Principal Place of Business

Mailing Address

1991 74 AVE
P.O. BOX 6152
VERO BEACH FL 32961

1991 74 AVE
P.O. BOX 6152
VERO BEACH FL 32961

3. Date Incorporated or Qualified
03/08/1956

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

59-6082146

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLES M. SANDERS, JR.
1991 74 AVE
VERO BEACH FL 32966

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D GATES, PHILIP C., SR. DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
2323 S. INDIAN RIVER DR.
FT. PIERCE FL

TITLE VP MCCRANIE, JAMES B. DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
1049 POITRAS DR
VERO BEACH FL

TITLE D BLAIR, ROBERT H. X DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DEWEY ROBBINS RD
HOWEY THE HILLS FL

TITLE D BROWN, DAVID L. DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
3880 LAKE HARNEY CIR.
OVEIDO FL

TITLE CEO MCEVOY, BRUCE E DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
1991 74TH AVE.
VERO BEACH FL 32966

TITLE S SANDERS, CHARLES M., JR. DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
1485 50 CT
VERO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

407-569-2244

Date

Daytime Phone

CR2E034 (12/95)