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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 232269

Country

g. Name and Address of Current Registered Agent

25

3335 N EDGEWOOD AVENUE

JACKSONVILLE FL 32205

FRADEN, LOUIS

(1)

FRADEN'S PRODUCE, INC.

Principal Place of Business

3335 N EDGEWOOD AVENUE JACKSONVILLE FL 32205 IIS

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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22

23

24

Zin

Mailing Address

2a. Mailing Address

City & State

Zio

Suite, Apt. #, etc.

26

27

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29

% ANSBACHER & SCHMEIDER 4215 SOUTHPOINT BLVD., STE. 100 JACKSONVILLE FL 32216

FILED Mar 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/18/1960 FEI Number Applied For 59-088 1970 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes Name and Address of New Registered Agent

Zip Code

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

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.

Country

81 Name

83 City

30

SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Ď۷ DELETE Change Addition TITLE 1.1 TITLE FRADEN.WILLIAM NAME 12 NAME 3335 N. EDGEWOOD AVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE FRADEN.LOUIS NAME 2.2 NAME 3335 N. EDGEWOOD AVE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2 4 CITY-SY-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ALTERMAN, SHELLY NAME 3.2 NAME 3335 N. EDGEWOOD AVE STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition TITLE 4.1 TITLE Change **GREENBERG, ZELDA** NAME 4.2 NAME 3335 N. EDGEWOOD AVE STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE FRADEN, ANDREW NAME 5.2 NAME 3335 N. EDGEWOOD AVE STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 of the corporation or the receiver of the corporation of the receiver of the receiver