

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **252569** (9)
1. Corporation Name
PRODUCE, INC.

1995 MAY 19 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**315 E NEW MARKET RD
P.O. BOX 2809
IMMOKALEE FL 33904
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/26/1961** 3a. Date of Last Report **02/08/1994**

4. FEI Number **59-0997358** 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. 199.022, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

**FRADIN, GEOFFREY
315 E NEW MARKET RD.
IMMOKALEE FL 33904-8257**

10. Name and Address of New Registered Agent

81 Name **William Lipman**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **11636 Quail Village Way**
84 City **Naples** 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 William Lipman, Pres. DATE **5/1/95**

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	FRADIN, GEOFFREY
STREET ADDRESS	11761 HAMPTON GREENS DR
CITY - ST - ZIP	FORT MYERS FL
TITLE	TD
NAME	FRADIN, GEOFFREY
STREET ADDRESS	11761 HAMPTON GREENS DR
CITY - ST - ZIP	FORT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Lipman
1.3 STREET ADDRESS	11636 Quail Village Way
1.4 CITY - ST - ZIP	Naples FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	600001498526
2.3 STREET ADDRESS	-05/24/95--01080--019
2.4 CITY - ST - ZIP	***200.00 ***200.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TEH
6.3 STREET ADDRESS	5-19-95
6.4 CITY - ST - ZIP	REMITTED BY MAY 1

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 110.07(3)(4), Florida Statutes. I further certify that the information indicated on the 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: William Lipman DATE **5/1/95** **813 657 4421**