

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **321534** (0)

1. Corporation Name

VAN BUREN COUNTY FRUIT EXCHANGE OF FLORIDA, INC.



Principal Place of Business

**2400 E OAKLAND PARK BLVD.
 FT LAUDERDALE FL 33306**

Mailing Address

**2400 E OAKLAND PARK BLVD.
 FT LAUDERDALE FL 33306**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt., P.O.	26	State, Apt., P.O.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**LATIMER, ALFRED
 5554 N. FEDERAL HWY.
 FORT LAUDERDALE FL 33308**

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 602.02(2) and 602.04(1), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 602.02(2), Florida Statutes.

SIGNATURE

Date of Signature

Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: VPSD <input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: LEDBETTER, DAVE F	2. NAME:
3. STREET ADDRESS: 2900 BANYAN BLVD. CIR NW	3. STREET ADDRESS:
4. CITY, ST, ZIP: BOCA RATON FL	4. CITY, ST, ZIP:
5. TITLE: D <input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: LEVY, VIRGINIA K	6. NAME:
7. STREET ADDRESS: 2134 NW 60TH CIR	7. STREET ADDRESS:
8. CITY, ST, ZIP: BOCA RATON FL	8. CITY, ST, ZIP:
9. TITLE: PTD <input type="checkbox"/> DELETE	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: LEVY, JEROME H	10. NAME:
11. STREET ADDRESS: 2134 NW 60TH CIR	11. STREET ADDRESS:
12. CITY, ST, ZIP: BOCA RATON, FL	12. CITY, ST, ZIP:
13. TITLE: D <input type="checkbox"/> DELETE	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME: LEDBETTER, SUSAN L	14. NAME:
15. STREET ADDRESS: 2900 BANYON BLVD CIR NW	15. STREET ADDRESS:
16. CITY, ST, ZIP: BOCA RATON FL	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:
21. TITLE: <input type="checkbox"/> DELETE	21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:	22. NAME:
23. STREET ADDRESS:	23. STREET ADDRESS:
24. CITY, ST, ZIP:	24. CITY, ST, ZIP:
25. TITLE: <input type="checkbox"/> DELETE	25. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME:	26. NAME:
27. STREET ADDRESS:	27. STREET ADDRESS:
28. CITY, ST, ZIP:	28. 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 set forth in Section 119.07(3)(b), 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 person or trustee empowered to execute this report or report. My Chapter 607, Florida Statutes, and that my name appears in block 12 or block 13 of this report or report as indicated above.

SIGNATURE: *Dave F. Ledbetter* **Dave F. Ledbetter** 9/27/96 ⁴⁵⁴ SW-6066

CR2E034 (12/95)