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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 321534 1. Corporation Name

Principal Place of Business
2400 E OAKLAND PARK BLVD.
ET LAUDERDALE EL 33306

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90183 041 ***150.00

TAIT DOI	REN COUNTY FRUIT EXCH	ANGE OF FLORIDA, INC), 						
Principal Place	e of Business	Mailing Address							
2400 E OAKLAND PARK BLVD. 2400 E OAKLAND PARK BLVD									
FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306				DO NOT WRITE IN		TE IN THIS	SPACE		
					3. Date Incorporat]
					09/27/1967			•	į
2. Principal Place of Business 2a. Mailing Address			·		4. FEI Number	-		Aı	oplied For
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22		27			5. Certificate of Ote			Fee R	equired
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23	28			Trust Fund Con				to Fees	
Zip	Country	Zip	Country		8. This corporation		ent year Int		
24	25		0		Personal Prope		logister-	Yes	□No
	Name and Address of Curren	t Registered Agent	81	Name	10. Name and Add	Tress of New P	Registered	Agent	
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	N. FEDERAL HWY.		82	Street A	Address (P.O. Box Number	is Not Accepta	able)		
****	T LAUDERDALE FL 33308		83				<u></u> .		
TON	I LAUDENDALL I'L 30000		63						
			84	City		•	FL	85 Zip	Code
	to the provisions of Sections 607.050	0 1007 4500 Florido Statuto	the chave	nomod c	comparation cultimits this str	atoment for the		changing its	registered .
office or r	to the provisions of Sections 607,050, egistered agent, or both, in the State m familiar with, and accept the obligation.	of Florida. Such change was aut	horized by	tne corpo	ration's board of directors.	I hereby accep	ot the appoi	ntment as re	egistered
SIGNATURE									
	Oleration to an also assets also as of conjectored poor	t and title if applicable (NOTE: R	tenistered Anen	t signature re	cuired when reinstating)		DATE		
12	Signature, typed or printed name of registered ager OFFICERS AN		<u> </u>	t signature re	equired when reinstating) ADDITIONS/CH/	ANGES TO OF		ID DIRECTO	ORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: R DD DIRECTORS DELETE	13.	t signature re	ADDITIONS/CH/		FICERS AN	ID DIRECT	ORS IN 12
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address with all other like empowered.

SIGNATURE: