

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:02

DOCUMENT # 335859 (5)

1. Corporation Name

SEMINOLE SUGAR CORP.

Principal Place of Business

P.O. BOX 130
BELLE GLADE FL 33408

Mailing Address

P.O. BOX 130
BELLE GLADE FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/02/1968

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

STOCKTON BLDG.

UNIVERSITY OFFICE PLAZA

26

Suite, Apt. #, etc.

27

SUITE 107

28

City & State

29

NEWARK, DELAWARE

30

Zip

19702

Country

4. FEI Number

59-1225171

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

THE PRENTICE HALL CORP. SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALL. FL 32301

10. Name and Address of New Registered Agent

81 Name
THE PRENTICE-HALL CORPORATION SYSTEM, INC.

82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYES STREET

83 SUITE 105

84 City
TALLAHASSEE

FL

85 Zip Code
32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
V	ROTH, SHARON	666 5TH AVE.	NEW YORK NY
TVP	SUDER, I.	666 FIFTH AVE	NEW YORK NY
SD	GINZBERG, DAVID M.	666 FIFTH AVE	NEW YORK NY
PD	GOLODETZ, OSCAR	666 FIFTH AVE	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		142 WEST 57TH STREET	NEW YORK, NY 10019	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		142 WEST 57TH STREET	NEW YORK, NY 10019	☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		142 WEST 57TH STREET	NEW YORK, NY 10019	☒	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		142 WEST 57TH STREET	NEW YORK, N.Y. 10019	☒	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				☐	☐

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:

Sharon Roth, V.P. SHARON ROTH

3/2/95

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

(Date)

Signature of Agent