

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **439752** (7)  
1. Corporation Name  
**TWIN ROSE PRODUCE CORP**



Principal Place of Business: **150 S.W. 12TH AVE. SUITE 440 POMPANO BEACH FL 33069 US**  
Mailing Address: **150 S.W. 12TH AVE. SUITE 440 POMPANO BEACH FL 33069 US**

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

3. Date incorporated or Organized: **11/13/1973**  
3a. Date of Last Report: **01/24/1995**  
4. FET Number: **59-1563361**  
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  
**LEONARD ROSENBERG  
150 S.W. 12TH AVE., SUITE 440  
POMPANO BCH. FL 33069**

10. Name and Address of New Registered Agent  
[81] Name  
[82] Street Address (P.O. Box Number is Not Acceptable)  
[83]  
[84] City [85] State (FL) Zip Code

11. Pursuant to the provisions of Sections 607.01(1) and 607.15(6), 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 provisions of Section 607.05(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROSENBERG, LEONARD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, LEONARD	2. NAME	
STREET ADDRESS	2931 NE 39TH COURT	3. STREET ADDRESS	
CITY, STATE, ZIP	POMPANO BCH. FL	4. CITY-STATE-ZIP	
TITLE	TD ROSENBERG DELORES	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG DELORES	6. NAME	
STREET ADDRESS	2931 NE 39TH COURT	7. STREET ADDRESS	
CITY, STATE, ZIP	POMPANO BCH. FL	8. CITY-STATE-ZIP	
TITLE	VPD ROSENBERG, NEIL	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, NEIL	10. NAME	
STREET ADDRESS	4830 N.E. 28TH AVE.	11. STREET ADDRESS	
CITY, STATE, ZIP	LIGHTHOUSE PT. FL	12. CITY-STATE-ZIP	
TITLE	[ ] DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, STATE, ZIP		16. CITY-STATE-ZIP	
TITLE	[ ] DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, STATE, ZIP		20. CITY-STATE-ZIP	
TITLE	[ ] DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, STATE, ZIP		24. CITY-STATE-ZIP	

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 or changed or on an appointment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/22/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LEONARD ROSENBERG**  
TAXPAYER: **954-946-6363**

CR2E034 (12/95)