
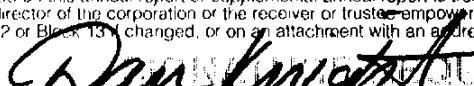


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 469994 (8) 1. Corporation Name D & V CITRUS SALES, INC.			
Principal Place of Business 4889 NORTH FEDERAL HWY PO BOX 1148 VERO BCH FL 32961-1148		Mailing Address 4889 NORTH FEDERAL HWY PO BOX 1148 VERO BCH FL 32961-1148	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 02/14/1975		3a. Date of Last Report 02/23/1996	
4. FEI Number 59-1580224		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent O'HARE, MICHAEL 3111 CARDINAL DR. VERO BEACH FL 32963		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	
NAME	KNIGHT, D VICTOR, JR		
STREET ADDRESS	4889 NORTH FEDERAL HWY		
CITY-ST-ZIP	VERO BCH, FL 00000		
TITLE	PSD	<input type="checkbox"/> DELETE	
NAME	KNIGHT, D VICTOR		
STREET ADDRESS	ROSEWOOD BLVD 4429 16TH STREET		
CITY-ST-ZIP	VERO BCH, FL 00000 32966		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	MORGAN, DON		
STREET ADDRESS	385 SW 33RD AVE		
CITY-ST-ZIP	VERO BCH FL 32968		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	KNIGHT, DAN		
STREET ADDRESS	3811 88TH CIRCLE 516 LIVE OAK ROAD		
CITY-ST-ZIP	VERO BCH FL 32963		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	RICHEY, DAN		
STREET ADDRESS	PO BOX 1148 4889 NO. FEDERAL HWY.		
CITY-ST-ZIP	VERO BCH FL 32961-1148		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS	4429-16th-STREET		
2.4 CITY-ST-ZIP	32966		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS	516-LIVE-OAK-ROAD		
4.4 CITY-ST-ZIP	32963		
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			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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, changed, or on an attachment with an address.			
SIGNATURE: 		DATE: 03/18/97 561-562-4155	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (9/96)