

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

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95 MAR 28 AM 11: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morfitt  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 513491 (1)  
 1. Corporation Name  
**ASSOCIATED GROWERS, INC.**

Principal Place of Business: 15791 ONE MILE RD. DELRAY BEACH FL 33446 US  
 Mailing Address: P.O. BOX 17630 PLANTATION FL 33318-7630 US

3. Date Incorporated or Qualified: 09/10/1976  
 3a. Date of Last Report: 04/12/1994  
 4. FEI Number: 59-1690648  
 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: HERBERT KOSLOW, 980 BAYBERRY PT. DR., PLANTATION FL 33324  
 10. Name and Address of New Registered Agent: (Blank)

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: KOSLOW, HERBERT	1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 980 BAYBERRY PT DR.	CITY - ST - ZIP: PLANTATION FL	2. NAME:	
		13. STREET ADDRESS:	33324
TITLE: S	NAME: KOSLOW, CYNTHIA	14. CITY - ST - ZIP:	
STREET ADDRESS: 980 BAYBERRY PT DR	CITY - ST - ZIP: PLANTATION FL	21. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		22. NAME:	
		23. STREET ADDRESS:	33324
		24. CITY - ST - ZIP:	
		31. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		32. NAME:	
		33. STREET ADDRESS:	
		34. CITY - ST - ZIP:	
		41. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		42. NAME:	
		43. STREET ADDRESS:	
		44. CITY - ST - ZIP:	
		51. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		52. NAME:	
		53. STREET ADDRESS:	
		54. CITY - ST - ZIP:	
		61. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		62. NAME:	
		63. STREET ADDRESS:	
		64. 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 stated 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. I am an officer or director of the corporation or its 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 removed from the form with an address.

SIGNATURE: Herbert Koslow DATE: 3/23/95  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HERBERT KOSLOW TELEPHONE: 407-498-5353