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Mar 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 03/20/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21. Suite, Apt. #, etc.		26. PO Box 6789		59-1690648		Not Applicable	
22. City & State		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. Delray Beach, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. 33482		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. USA					

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

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	12317 NW 10th Terrace
83. City	
84. City	Coral Springs
85. Zip Code	FL 33071

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSLOW, HERBERT	1.2 NAME	
STREET ADDRESS	980 BAYBERRY PT DR.	1.3 STREET ADDRESS	12317 NW 10th Terrace
CITY - ST - ZIP	PLANTATION FL 33324	1.4 CITY - ST - ZIP	Coral Springs, FL 33071
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSLOW, CYNTHIA	2.2 NAME	
STREET ADDRESS	980 BAYBERRY PT DR	2.3 STREET ADDRESS	12317 NW 10th Terrace
CITY - ST - ZIP	PLANTATION FL 33324	2.4 CITY - ST - ZIP	Coral Springs, FL 33071
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Herbert Koslow, President 1/14/97 561-498-5353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)