

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

FILED

Apr 23 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 # 538590 (1)
1. Corporation Name
EAST COAST FRUIT COMPANY, INC.



Principal Place of Business
3335 EDGEWOOD AVE.
JACKSONVILLE FL 32205

Mailing Address
4215 SOUTHPOINT BLVD.
SUITE #100
JACKSONVILLE FL 32216-0999

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 07/01/1977 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-1746799 | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

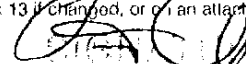
| | | | |
|--|----|--|--|
| 9. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N. 4215 SOUTHPOINT BLVD.,STE.100 JACKSONVILLE FL 32216 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | |
| 84 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 _____
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | V | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PORTNOY, JERRY | 1.2 NAME | |
| STREET ADDRESS | 3335 N. EDGEWOOD AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PORTNOY, GOLDIE | 2.2 NAME | |
| STREET ADDRESS | 2823 EVERCHARM PLACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANSBACHER, LEWIS | 3.2 NAME | |
| STREET ADDRESS | 4215 SOUTHPOINT BLVD. #100 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | DT | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHORSTEIN, JACK F. | 4.2 NAME | |
| STREET ADDRESS | 8265 BAYBERRY RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | V | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PASSINK, RICHARD S. | 5.2 NAME | |
| STREET ADDRESS | 3335 N. EDGEWOOD AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 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:  Lewis Ansbacher 3/31/97

CR2E034 (9/96)