

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 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 # **550694** (4)
1. Corporation Name
PIONEER FRUIT CO., INC.



Principal Place of Business
**5655 S.W. 64TH AVENUE
DAVIE FL 33314**

Mailing Address
**5655 S.W. 64TH AVENUE
DAVIE FL 33314**

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 2. Principal Place of Business 21 2642 FLAMINGO LANE Suite, Apt. #, etc. 22 City & State 23 FT. LAUDERDALE, FL. Zip 24 33312 | | 2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | | 3. Date Incorporated or Qualified 11/03/1977 | | 3a. Date of Last Report 01/24/1996 | |
| | | | | 4. FEI Number 59-1775823 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" 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 paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent SEIFERT, LEON R. 5655 S.W. 64TH AVENUE DAVIE FL 33314 | | | | 10. Name and Address of New Registered Agent 81 Name SEIFERT, LEON R. 82 Street Address (P.O. Box Number is Not Acceptable) 2642 FLAMINGO LANE 83 84 City FT. LAUDERDALE, FL 85 Zip Code 33312 | | | |
|---|--|--|--|---|--|--|--|

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 **Leon R. Seifert** DATE **7/15/97**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

| | | | | | | | |
|----------------------------|--------------------|---------------------------------|--|---|---------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SEIFERT, LEON R. | | | 1.2 NAME | SEIFERT, LEON R. | | |
| STREET ADDRESS | 5655 S.W. 64TH AVE | | | 1.3 STREET ADDRESS | 2642 FLAMINGO LANE | | |
| CITY-ST-ZIP | DAVIE FL | | | 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FL. 33312 | | |
| TITLE | STD | <input type="checkbox"/> DELETE | | 2.1 TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SAPP, MARJORIE H. | | | 2.2 NAME | MAR SAPP, MARJORIE H. | | |
| STREET ADDRESS | 2842 FLAMINGO LANE | | | 2.3 STREET ADDRESS | 2642 FLAMINGO LN. | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | | 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FL. 33312 | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 3.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DEINEMA, JULIE | | | 3.2 NAME | DEINEMA, JULIE | | |
| STREET ADDRESS | 2842 FLAMINGO LANE | | | 3.3 STREET ADDRESS | 2642 FLAMINGO LANE | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | | 3.4 CITY-ST-ZIP | FT. LAUDERDALE, FL. 33312 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 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 | | <input type="checkbox"/> DELETE | | 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 | | <input type="checkbox"/> DELETE | | 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 **Leon R. Seifert** DATE **7/15/97**

CR2E034 (4/97)