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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 OOLINAENIT 4

Principal Place of Business RADING AGRICON DR P.O. BOX 92 RIVERVIEW FL 33569 RIVERVIEW FL 33560082 RIVERVIEW FL	NAVON'	NED # 594200	NS, INC.					
P.O. BOX 622 RIVERVIEW FL 33569	P.O. BOX 922 P.O. BOX 922						# 1945 (Moth Minth Mann Minth Minth 1954)	Eldit dibit aibit dibit bibit bibit dibit tabi
2. Principal Place of Business								
Suite, Apt. #, etc Suite, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Addr	2a. Mailing Address				Applied For
City & State Country & Stat	21		26	26			59-1814262	Not Applicable
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Country Count				——————————————————————————————————————			5. Certificate of Status Desired	\$8.75 Additional Fee Required
PARTICLE Special Control of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature PD	City & Stat	0	├ ──					\$5.00 May Be Added to Fees
HERMAN, NAVON 8236 GIBSONTOWN DRIVE GIBSONTON FL 33569 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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatur: Nyind by printed raine of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE NAVION, HERMAN 12 NAME NAVON, HERMAN 12 NAME NAVON, HERMAN 13 STREET ADDRESS GIBSONTOWN DR GIBSONTOWN DR 14 City -ST-Zip		, ' ha ' ha ' ha '					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
REPMAN, NAVON 8236 GIBSONTOWN DRIVE GIBSONTON FL 33569 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, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hyper to preced name of registered agent and title disposable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE PD NAVON,HERMAN 12 NAME 13 STREET ADDRESS GIBSONTOWN DR GIBSONTON FL 14 CHY-ST-ZIP		g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	lstered Agent
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 register of egistered 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hybrid or printed came of registered agent and title diapplicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD DELETE 1.1 TITLE NAVON,HERMAN 1.2 NAME STREET ADDRESS 9236 GIBSONTOWN DR 1.3 STREET ADDRESS GIBSONTON FL 1.4 CITY-ST-ZIP	8236 GIBSONTOWN DRIVE				B2 83	Street Ad		
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 Signature Typed or profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE NAVON,HERMAN 1.2 NAME STREET ADDRESS GIBSONTOWN DR 1.3 STREET ADDRESS GIBSONTON FL 1.4 CITY-ST-ZIP					84	City		FL 85 Zip Code
Signature Typed for 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 NAVON,HERMAN 1.2 NAME STREEL ADDRESS 9236 GIBSONTOWN DR 1.3 STREET ADDRESS CITY-ST-7IP GIBSONTON FL 1.4 CITY-ST-ZIP	office or r	egistered agent, or both, in the Stati	e of Florida Such chan	ge was author	rized by	the corpor	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
12. OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE NAME NAVON,HERMAN 1.2 NAME STREEL ADDRESS 9236 GIBSONTOWN DR 1.3 STREET ADDRESS CITY-ST-7IP GIBSONTON FL 1.4 CITY-ST-7IP	SIGNATURE	<u> </u>		4.075				- DATE
TITLE PD DELETE 1.1 TITLE Change Add NAME NAVON,HERMAN 12 NAME 12 NAME 13 STREET ADDRESS CITY-S1-7IP GIBSONTOWN DR 13 STREET ADDRESS 14 CITY-S1-7IP 14 CITY-S1-7IP CIT	12.					ur aiðustrue ted		
NAME NAVON,HERMAN 1.2 NAME STREET ADDRESS 9236 GIBSONTOWN DR 1.3 STREET ADDRESS CITY-ST-7IP GIBSONTON FL 1.4 CITY-ST-7IP							120/110/10/07/114425 70 01/10/	
STREET ADDRESS 9236 GIBSONTOWN DR 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP	NAME				1.2 NAME			
CITY-ST-ZIP GIBSONTON FL 1.4 CITY-ST-ZIP	STREET ADDRESS				1.3 STREET	ADDRESS		
	CITY+ST-ZIP			ĺ	1.4 CHY-\$1	r-zip		
		STD	DE	LETE	2.1 TITLE			Change Addition

NAVON, BARBARA 9236 GIBSONTOWN DR 2.3 STREET ADDRESS STREET ADDRESS **GIBSONTON FL** CITY-ST-ZIP 2.4 CiTY-ST-ZiP DELETE Change Addition 3.1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - \$1 - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADORESS STREET ADDRESS

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, \$\mathref{q}\$ op an attachment with an address.

6.4 CITY-ST-2IP

SIGNATURE:

4.-7-97

Daytime Phone #

FILED

Apr 18 1997 8:00am

Secretary of State