


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

FILED

Feb 10 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 # 626405 (5)					
1. Corporation Name MID WEST COMMODITY EXPORT SERVICES OF FLORIDA, INC.					
Principal Place of Business 10621 AIRPORT RD N SUITE 8 NAPLES FL 33942 US			Mailing Address 10621 AIRPORT RD N SUITE 8 NAPLES FL 34109-7300 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1979	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 03/13/1996	
22 City & State		27 City & State		4. FEI Number 36-2761310	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BROWN, DAVID J. 510 NEAPOLITAN LANE NAPLES FL 33940			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 _____					
12. OFFICERS AND DIRECTORS					
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	REYNOLDS, JOHN B.				
STREET ADDRESS	120 CYPRESS WAY E.				
CITY-ST-ZIP	NAPLES FL				
TITLE	PV	<input type="checkbox"/> DELETE			
NAME	BROWN, DAVID J				
STREET ADDRESS	4355 BUTTERFLY ORCHID LN.				
CITY-ST-ZIP	NAPLES FL 33999				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
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NAME					
STREET ADDRESS					
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: _____

1/30/97 941598-4610

CR2E034 (9/96)