

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745464 (8)**  
1. Corporation Name  
**PALM BEACH WHOLESALE GROWERS ASSOCIATION, INC.**



Principal Place of Business: **13121 N. MILITARY TRAIL DELRAY BEACH FL 33484 US**  
Mailing Address: **13121 N. MILITARY TRAIL DELRAY BEACH FL 33484 US**

3. Date Incorporated or Qualified: **12/29/1978**  
3a. Date of Last Report: **02/02/1995**  
4. FEI Number: **59-1886632**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**SOTILLO, DONNA M C.P.A.  
1325 SOUTH CONGRESS AVE.  
STE. #259  
BOYNTON BEACH FL 33428**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KEAVENY, BRIAN	
STREET ADDRESS	6325 PARK LANE EAST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KASTENHOLTZ, MIKE	
STREET ADDRESS	9821 87TH PLACE SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPEER, SYD	
STREET ADDRESS	DRAWER 1000	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<del>DELETE</del> SAME
NAME	WILLIAMS, DAVID	
STREET ADDRESS	5234 HAVERHILL EXT SOUTH	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOYT, DEBBIE	
STREET ADDRESS	76775 MILITARY TRAIL	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, MATTHEW	
STREET ADDRESS	5700 SIMMS RD.	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STAN HALL	
1.3 STREET ADDRESS	8469 156TH COURT SOUTH	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAT FORD	
2.3 STREET ADDRESS	17564 N. STATE RD 7	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33498	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARK FRIEDLICH	
3.3 STREET ADDRESS	12839 25TH ST NORTH	
3.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
4.1 TITLE	SAME,	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DAVID ENGLERT	
5.3 STREET ADDRESS	9177 LAWRENCE RD	
5.4 CITY-ST-ZIP	BOYNTON BCH, FL 33436	
6.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOHN MEYERS	
6.3 STREET ADDRESS	9380 155TH LANE SOUTH	
6.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David M Englert DATE: **4-30-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DAVID M ENGLERT** DAYTIME PHONE: **407-734 5434**

CR2E037 (12/95)