

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 12 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 745464 (8)

1. Corporation Name

PALM BEACH WHOLESALE GROWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13121 N. MILITARY TRAIL  
DELRAY BEACH FL 33484  
US

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DELRAY BEACH FL 33484  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1978 3a. Date of Last Report 05/01/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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 Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOTILLO, DONNA M C.P.A.  
1325 SOUTH CONGRESS AVE.  
STE. #259  
BOYNTON BEACH FL 33426

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME HALL, STAN  
STREET ADDRESS 8489 156TH COURT COUTH  
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE D  
1.2 NAME CIALONE, JOSEPH  
1.3 STREET ADDRESS 5015 95th AVE. SOUTH  
1.4 CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE VP  
NAME FORD, PAT  
STREET ADDRESS 17564 N. STATE RD. 7  
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE VP, D  
2.2 NAME FORD, PAT  
2.3 STREET ADDRESS 17564 St. Road 7  
2.4 CITY-ST-ZIP BOCA RATON, FL

TITLE D  
NAME SPEER, SYD  
STREET ADDRESS DRAWER 1000  
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  
NAME WILLIAMS, DAVID  
STREET ADDRESS 5234 HAVERHILL EXT SOUTH  
CITY-ST-ZIP LAKE WORTH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD  
NAME ENGLERT, DAVID  
STREET ADDRESS 9177 LAWRENCE RD.  
CITY-ST-ZIP BOYNTON BEACH FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD  
NAME MYERS, JOHN  
STREET ADDRESS 9380 155TH LANE SOUTH  
CITY-ST-ZIP DELRAY BEACH FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SANDRA B. MORHAM

8-6-97 541-400 2222

CR2E037 (4/97)