


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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>12/29/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1886632</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 type="checkbox"/> DELETE
NAME	HALL, STAN	
STREET ADDRESS	8489 156TH COURT COUTH	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FORD, PAT	
STREET ADDRESS	17564 N. STATE RD. 7	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEER, SYD	
STREET ADDRESS	DRAWER 1000	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DAVID	
STREET ADDRESS	5234 HAVERHILL EXT SOUTH	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ENGLERT, DAVID	
STREET ADDRESS	9177 LAWRENCE RD.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, JOHN	
STREET ADDRESS	9380 155TH LANE SOUTH	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CIALONE, JOSEPH	
1.3 STREET ADDRESS	5075 95th AVE. SOUTH	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
2.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FORD, PAT	
2.3 STREET ADDRESS	17564 St. Road 7	
2.4 CITY-ST-ZIP	BOCA RATON, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 \_\_\_\_\_ DATE **8-6-97**

CR2E037 (4/97)