

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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		3. Date Incorporated or Qualified 12/29/1978	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-1886632 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, STAN			1.2 NAME	Ford, PAT		
STREET ADDRESS	8489 156TH COURT COUTH			1.3 STREET ADDRESS	17564 N. STATE RD 7		
CITY-ST-ZIP	DELRAY BEACH FL			1.4 CITY-ST-ZIP	BOCA RATON, FL		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORD, PAT			2.2 NAME	MUNTZ, Patrick		
STREET ADDRESS	17564 N. STATE RD. 7			2.3 STREET ADDRESS	5275 STEINER RD		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	Boynton Beach, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPEER, SYD			3.2 NAME	Caliberti, Joe		
STREET ADDRESS	DRAWER 1000			3.3 STREET ADDRESS	3604 C RD		
CITY-ST-ZIP	DELRAY BEACH FL			3.4 CITY-ST-ZIP	Loxahatchee, FL		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, DAVID			4.2 NAME	STEWART, JOE		
STREET ADDRESS	5234 HAVERHILL EXT SOUTH			4.3 STREET ADDRESS	8289 W. Boynton Bch Blvd,		
CITY-ST-ZIP	LAKE WORTH FL			4.4 CITY-ST-ZIP	Boynton Beach, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CIALONE, JOSEPH			5.2 NAME	Boyd, William		
STREET ADDRESS	5075 95TH AVE S			5.3 STREET ADDRESS	7677 S. MILITARY TRAIL		
CITY-ST-ZIP	LAKE WORTH FL			5.4 CITY-ST-ZIP	LAKE WORTH, FL		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORD, PAT			6.2 NAME	MUNTZ, Patrick		
STREET ADDRESS	17564 ST ROAD 7			6.3 STREET ADDRESS	5275 STEINER RD,		
CITY-ST-ZIP	BOCA RATON FL			6.4 CITY-ST-ZIP	Boynton Beach, FL		

14. I 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 in an attachment with an address.

SIGNATURE: *William Boyd* 2-4-98 (561) 968-6801

CR2E037 (10/97)