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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745464

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/29/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1886632	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

~~SOFILLO, 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 **JOHN F. FROELICH CPA**
 82 Street Address (P.O. Box Number is Not Acceptable)
12773 W. FOREST HILL BLVD.
 83 **SUITE 1201**
 84 City **WELLINGTON** FL 85 Zip Code **33414**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, PAT	1.2 NAME	MUNTZ PATRICK
STREET ADDRESS	17564 N STATE RD 7	1.3 STREET ADDRESS	5275 STEINER RD
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNTZ PATRICK	2.2 NAME	FORD, PAT
STREET ADDRESS	5275 STEINER RD	2.3 STREET ADDRESS	8400 96 COURT S.
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CALIBERTI, JOE	3.2 NAME	CELIBERTI JOE
STREET ADDRESS	3604 C RD	3.3 STREET ADDRESS	3604 C RD.
CITY-ST-ZIP	LOXAHATCHEE FL	3.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD STEWART, SUE	4.2 NAME	
STREET ADDRESS	8289 W BOYNTON BEACH BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BOYD WILLIAM	5.2 NAME	BOYD WILLIAM
STREET ADDRESS	7677 S MILITARY TR	5.3 STREET ADDRESS	7677 S. MILITARY TR
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	LAKE WORTH FL 33463
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VRD MUNTZ PATRICK	6.2 NAME	Mc DOUGALD JEFF
STREET ADDRESS	5275 STEINER RD	6.3 STREET ADDRESS	14068 SMITH SUNDY ROAD
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	DELRAY BEACH FL 33446

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99 561-968-6801
 Date Daytime Phone #

CR2E037 (1/98)