


FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90063 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 763590					
1. Corporation Name SOUTHERN FLORIDA TROPICAL GROWERS, INC.					
Principal Place of Business 18710 S.W. 288 ST. HOMESTEAD FL 33030-2309			Mailing Address 18710 S.W. 288 ST. HOMESTEAD FL 33030-2309		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/07/1982	
4. FEI Number 65-0094921		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution		7. Trust Fund Contribution	

9. Name and Address of Current Registered Agent KESSELL, DIANE L 24700 SW 177 AVENUE P O BOX 1609 HOMESTEAD FL 33031		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	
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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 *Diane L. Kessell* *Diane L. Kessell* 2-18-99 4-14-99
Signature, typed or printed name of registered agent and date 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 LAPRADO, CHARLES STREET ADDRESS 23600 S DIXIE HWY CITY-ST-ZIP HOMESTEAD FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Secretary 1.2 NAME Stephen O'Hair 1.3 STREET ADDRESS 18905 SW 280 Street 1.4 CITY-ST-ZIP Homestead, FL 33031	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME KESSELL, DIANE L STREET ADDRESS 24700 SW 177 AVENUE CITY-ST-ZIP HOMESTEAD FL	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME CARLOS BALERT 2.3 STREET ADDRESS 18710 SW 288 ST 2.4 CITY-ST-ZIP HOMESTEAD FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP President NAME GORDON, SYLVIA STREET ADDRESS 18710 SW 288 ST. CITY-ST-ZIP HOMESTEAD FL	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME CINDY DAVID 3.3 STREET ADDRESS 10255 SW 128CT. 3.4 CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE BVP NAME LAMBERTS, MARY STREET ADDRESS 18710 SW 288 ST CITY-ST-ZIP HOMESTEAD FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GUZMAN, JUAN STREET ADDRESS 7550 W 30 LANE CITY-ST-ZIP HIALEAH FL 33018	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane L. Kessell* SIGNATURE REQUIRED *2-18-99 (305) 248-6080*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Diane L. Kessell 4-14-99

CR2E037 (11/98)