

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 790984 (9)**

1. Corporation Name  
**FLORIDA MOLASSES EXCHANGE, INC.**



Principal Place of Business  
**2655 N OCEAN DR  
RIVIERA BEACH FL 33404**

Mailing Address  
**2655 N OCEAN DR  
RIVIERA BEACH FL 33404**

3. Date Incorporated or Qualified <b>04/30/1969</b>	3a. Date of Last Report <b>01/25/1995</b>
4. FEI Number <b>59-1274057</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <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				10. Name and Address of New Registered Agent	
<b>WHITE, JOHN B 222 LAKEVIEW AVE SUITE 1000 WEST PALM BEACH FL 33401</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TERRILL, JAMES E		1.2 NAME	
STREET ADDRESS 111 PONCE DE LEON AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP CLEWISTON FL		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FANJUL, JOSE		2.2 NAME CARSON, DON	
STREET ADDRESS 316 ROYAL POINCIANA PLZ		2.3 STREET ADDRESS 316 ROYAL POINCIANA PLZ	
CITY-ST-ZIP PALM BEACH FL 33480		2.4 CITY-ST-ZIP PALM BEACH FL 33480	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALDIVIA, JOSE F JR		3.2 NAME	
STREET ADDRESS 316 ROYAL POINCIANA PLZ		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONTRERAS, ANTONIO L. JR		4.2 NAME	
STREET ADDRESS AIRPORT ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP BELLE GLADE FL		4.4 CITY-ST-ZIP	
TITLE AS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAINBOW, JEAN C		5.2 NAME HILL, FRED	
STREET ADDRESS 2655 N OCEAN DR		5.3 STREET ADDRESS 2655 N OCEAN DR	
CITY-ST-ZIP RIVIERA BCH FL 33404		5.4 CITY-ST-ZIP RIVIERA BCH FL 33404	
TITLE SD	<input type="checkbox"/> DELETE	6.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PONS, FRANCISTO		6.2 NAME	
STREET ADDRESS 26400 OLD STATE 880		6.3 STREET ADDRESS	
CITY-ST-ZIP BELLE GLADE FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Frederic R. Hill Date: March 13, 1996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)