

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 791061 (5)

1. Corporation Name

SOUTH FLORIDA POTATO GROWERS EXCHANGE

Principal Place of Business

Mailing Address

1210 NW 4TH ST
P O BOX 901670
HOMESTEAD FL 33090
US1210 NW 4TH ST
PO BOX 901670
HOMESTEAD FL 33090-5621
US3. Date Incorporated or Qualified
02/11/19773a. Date of Last Report
07/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

33090-1670

30

4. FEI Number
65-0614634Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNN, JOHN M.
48 NE 15TH ST
HOMESTEAD FL 33030

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASTONGUAY, EDWARD	
STREET ADDRESS	27501 SW 170TH AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DWAYNE R.	
STREET ADDRESS	27505 S.W. 167 COURT	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DALE C	
STREET ADDRESS	16981 SW 278TH ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PETERS, LEWIS H	
STREET ADDRESS	7500 SW 154TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALGER, JOHN	
STREET ADDRESS	990 N.W. 8 STRET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, WEBSTER D	
STREET ADDRESS	28105 SW 157TH AVE	
CITY-ST-ZIP	HOMESTEAD FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H. PETERS

11/31/97 305-247-2141

Date Daytime Phone # 0024145

CR2E037 (9/96)