

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 # 791072 (2)  
1. Corporation Name  
FLORIDA SUGAR MARKETING & TERMINAL ASSN. INC.



Principal Place of Business  
2655 N OCEAN DR  
SUITE 201  
SINGER ISLAND FL 33404-4793

Mailing Address  
2655 N OCEAN DR  
SUITE 201  
SINGER ISLAND FL 33404-4793

3. Date Incorporated or Qualified 10/07/1977  
3a. Date of Last Report 04/26/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1791586	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, FRED R  
2655 N OCEAN DR  
SUITE 201  
SINGER ISLAND FL 33404

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME VALDIVIA, JOSE  
STREET ADDRESS 316 ROYAL POINCIANA PLAZ  
CITY-ST-ZIP W PALM BCH FL

11. TITLE TD ☒ Change ☐ Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME HILL, FRED  
STREET ADDRESS 2655 N OCEAN DR, #201  
CITY-ST-ZIP SINGER ISLAND FL

21. TITLE ☐ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME APELGREN, ROBERT  
STREET ADDRESS 505 GREENWAY DRIVE  
CITY-ST-ZIP NORTH PALM BEACH FL

31. TITLE PD ☒ Change ☐ Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME PONS, FRANCISCO  
STREET ADDRESS OLD STATE ROAD 80  
CITY-ST-ZIP BELLE GLADE FL

41. TITLE SD ☒ Change ☐ Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME TERRILL, JAMES  
STREET ADDRESS 111 PONCE DE LEON  
CITY-ST-ZIP CLEWISTON FL

51. TITLE ☐ Change ☐ Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME CARSON, DON  
STREET ADDRESS 316 ROYAL POINCIANA PLAZ  
CITY-ST-ZIP W PALM BCH FL

61. TITLE VD ☒ Change ☐ Addition  
62. NAME  
63. STREET ADDRESS  
64. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)