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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000000325 (0)

1. Corporation Name

LOU PIZZO PRODUCE INC.



Principal Place of Business

9660 NW 67TH PLACE  
PARKLAND FL 33076  
US

Mailing Address

9660 NW 67TH PLACE  
PARKLAND FL 33076  
US

3. Date Incorporated or Qualified  
01/24/1994

3a. Date of Last Report  
02/07/1995

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIZZO, LOUIS P  
PAMPANO STATE FARMERS MARKET  
OFFICE A-20  
POMPANO BEACH FL 33071

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PT  
PIZZO, LOUIS P  
9660 NW 67TH PLACE  
PARKLAND FL

DELETE

2.1 TITLE

VS  
PIZZO, ANGELINA M  
9660 NW 67TH PLACE  
PARKLAND FL

DELETE

3.1 TITLE

DELETE

4.1 TITLE

DELETE

5.1 TITLE

DELETE

6.1 TITLE

DELETE

7.1 TITLE

DELETE

8.1 TITLE

DELETE

9.1 TITLE

DELETE

10.1 TITLE

DELETE

11.1 TITLE

DELETE

12.1 TITLE

DELETE

13.1 TITLE

DELETE

14.1 TITLE

DELETE

15.1 TITLE

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 607, 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

1/31/96

(954) 941-8830

Date

Daytime Phone #

CR2E034 (12/95)