

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94580** (0)
1. Corporation Name
PARADISE CITRUS SALES, INC.



Principal Place of Business 5700 WEST MIDWAY RD FT. PIERCE FL 34979 US	Mailing Address P.O. BOX 12969 FT. PIERCE FL 34979-2969 US
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DO NOT WRITE IN THIS SPACE

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 08/13/1982	
24		29		4. FEI Number 59-2341054	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		32		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROGERS, R. SCOTT
5700 W. MIDWAY ROAD
FT. PIERCE FL 34981**

*Rogers, James L.
P.O. Box 12969
5700 W. Midway Rd.
Ft. Pierce, FL 34979*

10. Name and Address of New Registered Agent

81 Name	JAMES L. ROGERS
82 Street Address (P.O. Box Number is Not Acceptable)	5700 W. Midway Rd.
83	
84 City	Ft. Pierce
85 Zip Code	FL 34979

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 *James L. Rogers*

(NOTE: Registered Agent signature required when resigning)

2/2/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D - VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JAMES L III	1.2 NAME	
STREET ADDRESS	200 COCONUT PALM ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, R. SCOTT	2.2 NAME	
STREET ADDRESS	P.O. BOX 12969	2.3 STREET ADDRESS	200 COCONUT PALM Rd.
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	VERO Beach, FL 32963
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, MARY M	3.2 NAME	
STREET ADDRESS	200 COCONUT PALM ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARAVALIA, ELIZABETH R	4.2 NAME	
STREET ADDRESS	P.O. BOX 12969	4.3 STREET ADDRESS	200 COCONUT PALM Rd.
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	VERO Beach, FL 32963
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPIONE, ANNA R	5.2 NAME	
STREET ADDRESS	P.O. BOX 12969	5.3 STREET ADDRESS	200 COCONUT PALM Rd.
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	VERO Beach, FL 32963
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Elizabeth R. Garavalia*

1/26/98 615-591-5047

CR2E034 (1097)