


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

FILED

**Mar 31 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 # F95000003134 (2)
 1. Corporation Name
NORTH BAY PRODUCE, INC.



Principal Place of Business PO BOX 988 TRAVERSE CITY MI 49685-0988	Mailing Address PO BOX 988 TRAVERSE CITY MI 49685-0988
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified 06/28/1995	
4. FEI Number 38-3002393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BURGOS, MICHAEL A
2119 NW 84TH AVE.
MIAMI FL 33128**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	HACKERT, ROY	
STREET ADDRESS	3958 WEST CHAUVEZ ROAD	
CITY-ST-ZIP	LUDINGTON MI 49431	
TITLE	C	<input type="checkbox"/> DELETE
NAME	WRIGHT, GEORGE	
STREET ADDRESS	13375 BELDING ROAD	
CITY-ST-ZIP	BELDING MI 48809	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOGARD, RICHARD L	
STREET ADDRESS	1771 NORTH US 31 SOUTH	
CITY-ST-ZIP	TRAVERSE CITY MI 49684	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GIRARDIN, MARK A	
STREET ADDRESS	1771 NORTH US 31 SOUTH	
CITY-ST-ZIP	TRAVERSE CITY MI 49684	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ADKIN, RANDY	
STREET ADDRESS	RT 4, 85TH ST	
CITY-ST-ZIP	SOUTH HAVEN MI 48090	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REISTER, ROBERT	
STREET ADDRESS	6331 US 31 SOUTH	
CITY-ST-ZIP	GRAWN MI 49637	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 _____ DATE **3-25-98**

CR2E034 (10/97)