PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90157 044 \*\*\*150.00

po	MENT # F95000	)UU5386				
BUNGE I	LEASING & BROKERAGE,	INC.		) 2 (PANA A 1110 (BIB) BIGS BOLL ABIN PR	ria masaa karaa pixaa ciikl idii	I <b>a C</b> lift ( <b>ac</b> l
Principal Place	of Business	Mailing Address		( talltide etse taser arter abeir merre en	ire adiet aanat Brian eren ean	CIR GLIN CU DL
IS7 E. SOUTH	ST.	457 E. SOUTH ST.				
CALEDONIA MIN 55921 CALEDONIA MIN 55921				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		7
				11/02/1995		
	ace of Business	2a. Mailing Address		4. FEI Number		ed For
1		26		39-1832172	\$8.75 Add	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Requ	
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 M	ay Be
13	•	28	<u>*</u>	Trust Fund Contribution	Added to	
7ip	Country	Zip	Country	= 8. This corporation owes the current		
14	25		30	Personal Property Tax.  10. Name and Address of New Regi		]No
	9. Name and Address of Curre	ent Registered Agent	81 Name	.v. name and Address of New Regi	Srotan vilatif	
FIO	RDA CURISES			ASS (P.U. Box Number is Not Acceptable)		
1385 HENDRY ST			•			
FILMYERS FL 33901			83	800 River Point Drive #541		
			Naple	e <del>s, FL-33940</del>	85 Zip Co	de
			ou, ou,		<b>FL</b>   ``	l
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with and accept the oblig	i02 and 507.1508, Florida Statute e of Florida. Such change was a pations of, Section 607.0505, Flor pations of Section 607.0505, Flor	ithorized by the corporation of	poration submits this statement for the purpon's board of directors. I hereby accept the	e appointment as regis	itered
agent. I a SIGNATURE	m tambilat with and accept the oblig	accons di, Sectici 007.0003, Pici	is, the appreciarried contributionized by the comporate da Statutes.  Registered Agent agreeture require 13.	2-1	0-99 DATE	
agent. I a SIGNATURE 12.	m tarbital with and accept the doing	accidit 607,0305, Fici	Registered Agent agreature require	2-7	0-99 DATE	
agent. I a SIGNATURE 12.	m tambilat with and accept the oblig	pent and title if applicable (NOTE:	Registered Agent agricum require	2-7	U-99 DATE ERS AND DIRECTORS	
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agent. Fa SIGNATURE 12. 171LE NAME STREET ADDRESS GIY. ST. ZIP	OFFICERS A POT GRIFFITH, GEORGE B 457 E. SOUTH ST. CALEDONIA MN 55921	ent and tile if approache (NOTE: ND DIRECTORS	Rogistered Agent agristure require  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2-7	DATE ERS AND DIRECTOR:	S IN 12
agent. Fa SIGNATURE  12.  TITLE  NAME  STREET ADDRESS GTY- ST- ZIP  TITLE	POT GRIFFITH, GEORGE B 457 E. SOUTH ST. CALEDONIA MN 55921 S	pent and title if applicable (NOTE:	Rogistered Agent agristure require  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	2-7	U-99 DATE ERS AND DIRECTORS	
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