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Apr 09 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 # **F97000000106 (1)**

1. Corporation Name

JERRY SHULMAN PRODUCE SHIPPER INC.

Principal Place of Business

Mailing Address

**BOX 41
PORT JEFFERSON STATION NY 11776**

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PORT JEFFERSON STATION NY 11776**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1997	
21	1107 HALLOCK AVENUE	26		4. FEI Number 11-2316897	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23	PORT JEFFERSON STATION, NY	28			
Zip	Country	Zip	Country		
24	11776	25	USA		
29		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'NEILL, JOHN
150 SW 12TH AVE #370
POMPANO FL 33069**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP MONZEGUO, ROBERT	1.1 TITLE	
NAME	30 N ST	1.2 NAME	
STREET ADDRESS	MANORVILLE NY 11849	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DCV	2.1 TITLE	
NAME	RABIN, DIANE	2.2 NAME	
STREET ADDRESS	88 VIRGINIA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW NY 11803	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	
NAME	WILBUR, ELIZABETH G	3.2 NAME	
STREET ADDRESS	31 COMMUNITY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAM NY 11727	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

[Signature] **John O'Neill** Vice President

[Signature] **2/20/98** **516-473-3000**

CR2E034 (10/97)