

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G47811** (6)

1. Corporation Name
BIRDSALL GROWERS, INC.



Principal Place of Business Mailing Address
**% L. FRANK CHOPIN
440 ROYAL PALM WAY, STE. 300
PALM BEACH FL 33480**

3. Date Incorporated or Qualified **07/07/1983** 3a. Date of Last Report **07/25/1995**
4. FEI Number **59-2322715** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, Etc. 26 State, Apt. #, Etc.
22 **Suite 200** 27 **Suite 200**
23 City & State 28 City & State
24 Zip 25 County 29 Zip 30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHOPIN, L. FRANK
440 ROYAL PALM WAY, STE 300
PALM BEACH FL 33480**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **Suite 200**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 607.0501, Florida Statutes.

SIGNATURE _____ Date _____
Signature of the Registered Agent (Print Name and Title) _____ Date _____
Signature of the Secretary or President (Print Name and Title) _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVPD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRDSALL, JOHN H	1. NAME	
STREET ADDRESS	253 ESPLANADE WAY	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BCH, FL 00000	1.4 CITY-STATE-ZIP	
TITLE	SD	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOPIN, L FRANK	2.2 NAME	
STREET ADDRESS	440 ROYAL PALM WAY STE 200	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BCH, FL 00000	2.4 CITY-STATE-ZIP	
TITLE	D	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORY, CAROLINE B	3.2 NAME	
STREET ADDRESS	134 COCOANUT ROW	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BCH, FL 00000	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing 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 in this annual report or supplementary 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 registered trustee, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report. My office or mailing address is _____

SIGNATURE:
SIGNATURE (UNTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Frank Chopin

(407) 655-9500
Division of Corporations

CR2E034 (12/95)