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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H31000

141

FILED
May 04 1998 8:00am
Secretary of State

Prid	GOLDEN RIVER FRUIT CO.	Mailing Address					
	15 68TH AVE SW (32962)	505 66TH AVE SW (329	621				
P O DRAWER 8		P O DRAWER S		DO NOT WRITE IN THIS SPACE			
٧	ERO BEACH FL 32961	VERO BEACH FL 32961			IN THIS S	PACE	
				3. Date Incorporated or Qualified			
9	Principal Place of Business	2a, Mailing Address		11/26/1984 4. FEI Number		- T T. A.	oplied For
21	Thirdpart tage of Basiness	26		59-2477060			ot Applicable
211	Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·				Additional
22		27		5. Certificate of Status Desired		+ - · · ·	equired
	City & State	City & State		6. Election Campaign Financing		\$5.00	May Be
23		28		Trust Fund Contribution			to Fees
	Zip Country	Zip	Country	8. This corporation owes or has pa	aid the curr	ent year In	tangible
24	25	29	30	Personal Property Tax due June			.] No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered A	gent	
	MILWOOD, DAVID		81 Name				
	505 66T H AVE., S.W.		82 Street Ad	dress (P.O. Box Number is Not Acceptate	ble)		
	VERO BEACH FL 32961						
			83				
			84 City			85 Zip	Code
					<u>FL</u>		
-11.	Pursuant to the provisions of Sections 607.05	i02 and 607.1508, Florida Statut	les, the above-named co	progration submits this statement for the p	purpose of a	changing i	ts registered
	Office of registered agent, of Dour, in the Stat	e of Florida. Such change was i	authorized by the corpor	ation's board of directors. I hereby accei	pt the appo	intment as	registered
	agent. I am familiar with, and accept the oblig	e of Florida. Such change was galions of, Section 607.0505, Fl	aulhorized by the corpor orida Statutes	rporation submits this statement for the patients to acceptation's board of directors. I hereby acceptations	pt the app o	intment a s	registered
	NATURE					ointment as	registered
SIG	Signature, typed or printed using of registered as	gent and title if applicable (NOT	E Registered Agent signature req	uired when reinstating)	DATE		
SIG	Signature, typed or print during of regest cert to OFFICE HS Al	gent and tille if applicable (NOT ND DIRECTORS	E Registered Agent signature req		DATE	DIRECTOR	RS IN 12
12.	Signature, typed or print during of regest and p	gent and title if applicable (NOT	E Registered Agent signature req	uired when reinstating)	DATE		
12. TITL	Signature, typed or print dustine of regest and as OFFICE HS AT E VP MILWOOD, DAVID	gent and tille if applicable (NOT ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE	DIRECTOR	RS IN 12
12. TITL NAM STRE	Signature, typed or prior disside of regest certain OFFICE HS AFE VP MILWOOD, DAVID 4920 13TH LANE	gent and tille if applicable (NOT ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE	DIRECTOR	RS IN 12
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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 ar 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.