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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90013 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J58395**

1. Corporation Name
SOUTH FLORIDA GROWERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 13000 SW 232ND ST. GOULDS FL 33170 US
 Mailing Address: P.O. BOX 458 GOULDS FL 33170 US

3. Date Incorporated or Qualified: 01/08/1987
 4. FEI Number: 59-0698535
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent
LAFONTISEE, LOUIS L JR
3121 COMMODORE PLAZA
COCONUT GROVE
MIAMI FL 33133

10. Name and Address of New Registered Agent
 81 Name: John M. Lynn, Esquire/LYNN & HANSON, P.A.
 82 Street Address: 48 NE 15 Street, Second Floor
 83
 84 City: Homestead FL 85 Zip Code: 33030

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: *John M. Lynn* (NOTE: Registered Agent signature required when reinstating) DATE: March 9, 1999

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENDALL, HAROLD E. JR.	
STREET ADDRESS	13000 SW 232ND ST.	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRADFORD, SUSAN	
STREET ADDRESS	13000 SW 232ND ST.	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GILMORE, MARTHA	
STREET ADDRESS	13000 SW 232ND ST.	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRADFORD, SUSAN	
STREET ADDRESS	13000 SW 232ND ST.	
CITY-ST-ZIP	GOULDS FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	STD	<input checked="" 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, with all other like empowered.

SIGNATURE: *John M. Lynn* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER FOR DIRECTOR DATE: 2-16-99 DAYTIME PHONE #: 258-1628

CR2E034 (1/1/98)