

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K30583**

(4)

1. Corporation Name

QUALITY PRODUCE, INC.

Principal Place of Business

**4344 NW 9 AVE
BOX 2176 2-D
POMPANO BCH FL 33064
US**

Mailing Address

**4344 NW 9 AVE
BOX 2176 2-D
POMPANO BCH FL 33064
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/10/1988

3a. Date of Last Report
03/03/1994

4. FEI Number
65-0066340

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**HANDIN, GARY I.
4507 N. UNIVERSITY DRIVE
LAUDERHILL FL 33319**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 registering.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **PUGLISI, ANTHONY J., JR**
STREET ADDRESS **4344 NW 9 AVE, BOX 2176 2-D**
CITY - ST - ZIP **POMPANO BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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, appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *X Anthony J. Puglisi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

ANTHONY PUGLISI JR

X 2/21/95 X 305-946 0912