## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

KROFRR

141

FILED
Mar 02 1998 8:00am
Secretary of State

1. Corporatio	ITY PRODUCE, INC.	, (4)			A SECULIA SECULIA CONTRACTO SECULIA SE	DLL BIBKI BIBLI BIBLE BIBKI BIBKI EBDI
<del></del>	<del></del>					
Principal Plac	e of Business	Mailing Address				
4344 NW 9 AVE 4344 NW 9 AVE						
BOX 2176 2-D BOX 2176 2-D POMPANO BCH FL 33064 POMPANO BCH FL 33064			3064		DO NOT WRITE IN THIS SPACE	
US US					3. Date Incorporated or Qualified	
					08/10/1988	
2. Principal Place of Business 2s. Mailing Add					4. FEI Number	Applied For
26					65-0066340	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required
City & State	8	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip Country		Zip Country			Trust Fund Contribution	Added to Fees
21P	25			y	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	e current year intangible
<u> </u>	g. Name and Address of Curren		130		10. Name and Address of New Registe	
ш	IANDIN, GARY I.		81	Name		
	11 UNIVERSITY DR		00	Ctrock Add	(DO Day Mushay is Mat Assessable)	
STE 404			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)	
	ORAL SPRINGS FL 33065		83	1		
·	01112 01111100 12 00000		84	0.4		1.51 5. 0.0.
			01	City		FL 85 Zip Code
11. Pursuant 1 office or re	to the provisions of Sections 607.050. egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida, Such change was stions of Section 607.0505. F	ites, the above authorized b	ve-named corporate	poration submits this statement for the purposition's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	tive the constant of the const					
SIGNATURE	Signature, typed or printed name of registered age	nt and tille if applicable. (NO	TE: Registered Ac	ent signature requi	red when reinstating) DA	TE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP L. DELETE PUGLISI, ANTHONY J., JR		1.1 TITLE			Change Addition
NAME			1.2 NAME			
STREET ADDRESS	4344 NW 9 AVE, BOX 2176	2-D		T ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-	ST-ZIP	<u> </u>	Clarica Classica
TITLE	DELETE		2.1 TITLE	J		Change Addition
NAME			2.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE	DELETE		2. 4 CITY- 3.1 TITLE	ST-ZIP	<del></del>	Change Addition
1	LJ DELETE		3.2 NAME			C change C Noonida
NAME STREET ADDRESS		•		T ADDRESS		!
				1	1	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		<u> </u>	4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY - :	i i		
TITLE		DELETE	5.1 TITLE	21-21		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CiTY-1	·		
TITLE		DELETE	6.1 TITLE	VI 611		Change Addition
NAME			6.2 NAME			- <del>-</del>
STREET ADDRESS				T ADDRESS		
			0.4.05:::			l

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 charges or on as attachment with an address.

12/2/28 9,4 94609/2