07081999-90029-049-$558.75-$558.75

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 1:24

DOCUMENT # K91961

1. Corporation Name

NORTH FLORIDA PRODUCE EXCHANGE, INC.

Principal Place of Business	Mailing Address
3605 E. ATLANTIC BLVD #201 POMPANO BEACH FL 33062 US	P.O. BOX 5988 LIGHTHOUSE POINT FL 33064 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1	2a. Mailing Address 26
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27
City & State 3	City & State 28
Zip 4 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 05/31/1969

4. FEI Number: 65-0126180 — ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~PRICE, DAVID T~~
~~550 SW 12 AVENUE~~
~~LIGHTHOUSE POINT FL 33064~~

10. Name and Address of New Registered Agent

91 Name: ~~[illegible]~~ KAREN A. SHELLY

92 Street Address (P.O. Box Number is Not Acceptable): ~~P.O. BOX 5988~~

93: 2231 NE 35 CT.

94 City: LIGHTHOUSE PT. FL 95 Zip Code: 33064

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] 7/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☐ DELETE	1.1 TITLE	P ☑ Change ☐ Addition
NAME	HAMES, ALLEN	1.2 NAME	HAMES, ALLEN
STREET ADDRESS	2231 NE 35 CT	1.3 STREET ADDRESS	2231 NE 35 CT.
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	1.4 CITY-ST-ZIP	LIGHTHOUSE PT, FL 33064
TITLE	OD ☐ DELETE	2.1 TITLE	V/D ☑ Change ☐ Addition
NAME	SHELLY, KAREN A.	2.2 NAME	SHELLY, KAREN A
STREET ADDRESS	2231 NE 35 CT	2.3 STREET ADDRESS	2231 NE 35 CT.
CITY-ST-ZIP	LIGHTHOUSE POINT FL	2.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: KAREN A. SHELLY FILED 4-1-99 954-763-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)