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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K95394 (8)

1. Corporation Name
FIRST ATLANTIC CITRUS, INC.

Principal Place of Business

4420 NORTH OLD DIXIE
VERO BEACH FL 32967
US

Mailing Address

P O BOX 429
VERO BEACH FL 32961-0429
US



3. Date Incorporated or Qualified 06/13/1989	3a. Date of Last Report 04/10/1996
4. FEI Number 65-0139817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FECHTMEYER, PHILIP
9195 WINDING WOODS DRIVE
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name FECHTMEYER, PHILIP
82 Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD
83 STE. 220A
84 City PBG
85 Zip Code FL 33410

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 *Philip Fechtmeyer* DATE 1/7/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GROVES, DON	1.1 TITLE	
NAME	4430 NORTH OLD DIXIE	1.2 NAME	
STREET ADDRESS	VERO BEACH FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD VALDES, ALBERT	2.1 TITLE	
NAME	4420 NORTH OLD DIXIE	2.2 NAME	
STREET ADDRESS	VERO BEACH FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD GROVES, PAMELA	3.1 TITLE	
NAME	4420 NORTH OLD DIXIE	3.2 NAME	
STREET ADDRESS	VERO BEACH FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VD GROVES, JAME	4.1 TITLE	
NAME	4420 NORTH OLD DIXIE	4.2 NAME	
STREET ADDRESS	VERO BEACH FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	STD PACK, SANDY	5.1 TITLE	
NAME	4420 NORTH OLD DIXIE	5.2 NAME	
STREET ADDRESS	VERO BEACH FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Sandra Pack* DATE 1/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 561-567-5353
Daytime Phone #

CR2E034 (9/96)