FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L63347** **(3)**

1. Corporate Name
PDI COMMUNICATIONS GROUP, INC.

Principal Place of Business
5205 N.W. 33RD AVENUE
FT. LAUDERDALE FL 33309

Mailing Address
5205 N.W. 33RD AVENUE
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/02/1990**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0186408** — 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 [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WORKMAN, JAMES
5205 NW 33RD AVENUE
FT. LAUDERDALE FL

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

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	WORKMAN, JAMES
STREET ADDRESS	5205 NW 33RD AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	DV
NAME	ROBISON, THOMAS
STREET ADDRESS	5205 NW 33RD AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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(1)(k), 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: Jim W[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jim Workman

5/18/95 Date
(305) 733-9400 Daytime Phone #

0218444 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # L64004 (9)

1. Corporation Name
LANDI & LORENZO EXPORT, INC.

Principal Office Address
9821 NW 13TH ST
PEMBROKE PINES FL 33024

Mailing Address
9821 NW 13TH ST
PEMBROKE PINES FL 33024

3. Date of Incorporation or Qualification: 04/06/1990
3a. Date of Last Report: 03/18/1994

4. FEI Number: 65-0184654 — 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

2. Principal Office
21 1251 SW 178th way
22 Pembroke Pines, FL
23 Florida
24 33029 25 USA

2a. Mailing Address
26 1251 SW. 178th way
27 Pembroke Pines
City & State
28 Florida
Zip
29 33029 30 USA

9. Name and Address of Current Registered Agent

LANDI, FULVIO
9821 NW 13TH ST
PEMBROKE PINES FL 33024

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

12. OFFICERS AND DIRECTORS

Title	Name / Address
PST	LANDI, FULVIO 9821 NW 13TH ST PEMBROKE PINES FL
D	LANDI, FULVIO 9821 NW 13TH ST PEMBROKE PINES FL
VD	LANDI, MARIA DEL CARMEN 9821 NW 13TH ST PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Change / Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on the 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: [signature] V.D 5/11/95 437-5292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006708 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

15

FLORIDA

DOCUMENT # L64307 (6)

1. Corporate Name
ORANGEFIELD CITRUS, INC.

Principal Place of Business	Mailing Address
2185 OAK DRIVE BARTOW FL 33830	P.O BOX 362 ALTURAS FL 33820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1990	3a. Date of Last Report: 10/04/1994
4. FEI Number: 59-3012630	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 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business: 21 7755 STARR LAKE Rd	2a. Mailing Address: 26 P.O. BOX 362
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State: 23 BARTOW, FLORIDA	City & State: 28 ALTURAS, FL.
Zip: 24 33830 — County: 25 Polk	Zip: 29 33820 — County: 30 POLK

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MITCHELL, ROY D 2185 OAK DRIVE BARTOW FL 33830	81 Name: Roy D. Mitchell 82 Street Address (P.O. Box Number is Not Acceptable): 7755 STARR LAKE ROAD 83 84 City: BARTOW FL 85 Zip Code: 33830

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 ______________________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	TITLE	D[redacted] ☐ Change ☒ Addition
NAME	MITCHELL, ROY D	NAME	KRISTINE L. Mitchell
STREET ADDRESS	2185 OAK DRIVE	STREET ADDRESS	P.O. BOX 362
CITY-ST-ZIP	BARTOW FL 33830	CITY-ST-ZIP	ALTURAS, FL - 33830 NA
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	OAKLEY, MILES L	NAME	
STREET ADDRESS	52042 HOBART AVE. N.	STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Roy D. Mitchell — 5/17/95 — 813-537-2571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0447357 FP

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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
[illegible] 15
TALLAHASSEE, FLORIDA

DOCUMENT # **L64895** **(0)**

1. Corporation Name
INTERIOR CITRUS MARKETING, INC.

Principal Place of Business	Mailing Address
C/O ROY D. MITCHELL 2185 OAK DR. BARTOW FL 33830	% ROY D. MITCHELL P.O. BOX 362 ALTURAS FL 33820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1990
3a. Date of Last Report: 10/04/1994

2. Principal Place of Business: 21 7755 STARR LAKE ROAD
Suite, Apt. # etc: 22
City & State: 23 BARTOW FLORIDA
Zip: 24 33830 County: 25 POLK

2a. Mailing Address: 26 P.O. BOX 362
Suite, Apt. # etc: 27
City & State: 28 ALTURAS, FLORIDA
Zip: 29 33820 County: 30 POLK

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent

MITCHELL, ROY D.
2185 OAK DR.
BARTOW FL 33830

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	D ☐ Change ☒ Addition
NAME	MITCHELL, ROY D.	NAME	KRISTINE L. MITCHELL
STREET ADDRESS	3308 CITRUS DR.	STREET ADDRESS	P.O. BOX 362
CITY-ST-ZIP	BARTOW FL	CITY-ST-ZIP	ALTURAS, FL 33820 N.A.
TITLE	D	TITLE	PST ☒ Change ☐ Addition
NAME	OAKLEY, MILES L	NAME	ROY D MITCHELL
STREET ADDRESS	520 1/2 HOBART AVE., NORTH	STREET ADDRESS	P.O. BOX 362 NA
CITY-ST-ZIP	BARTOW FL 33830	CITY-ST-ZIP	ALTURAS, FL 33830 N.A.
TITLE	PST	TITLE	☐ Change ☐ Addition
NAME	MITCHELL, ROY D	NAME	
STREET ADDRESS	3308 CITRUS DR	STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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(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: Roy D. Mitchell 5/17/95 813-537-2571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0447356 FP