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**Jan 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M02261 (9)

1. Corporation Name
SUN CITRUS ASSOCIATION, INC.



Principal Place of Business 5300 SUN CITRUS BLVD. P.O. BOX 578 FT. PIERCE FL 34954 US	Mailing Address 5300 SUN CITRUS BLVD. P.O. BOX 578 FT. PIERCE FL 34954-0578 US
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2. Principal Place of Business 21 5300 SUN CITRUS BLVD.	2a. Mailing Address 26 5300 SUN CITRUS BLVD	3. Date Incorporated or Qualified 06/28/1984	3a. Date of Last Report 06/14/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2436615	Applied For Not Applicable
23 City & State FORT PIERCE, FL	28 City & State FORT PIERCE, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 34946	25 Country ST. LUCIE	29 Zip 34946	30 Country ST. LUCIE
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			

9. Name and Address of Current Registered Agent JUNE A. STADNIK 5300 SUN CITRUS BLVD FT. PIERCE FL 34950		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	34946

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSINGILL, JOAN	1.2 NAME	
STREET ADDRESS	1180 N.FEDERAL HWY.	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH. FL	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHESIER, DARLA	2.2 NAME	ROBERT A. ZUCKER
STREET ADDRESS	4405 N. OCEAN DR.	2.3 STREET ADDRESS	7481 NW 4TH STREET
CITY - ST - ZIP	LAUDERDALE-BY-THE-SEA FL	2.4 CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, BOB	3.2 NAME	
STREET ADDRESS	5660 GRIFFIN RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSHMAN, ALLEN	4.2 NAME	
STREET ADDRESS	3325 FOREST HILL BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	W.PALM BCH. FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIECE, ROBERT	5.2 NAME	ROBERT R. SPICE, JR.
STREET ADDRESS	7250 GRIFFIN ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	5.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSHMAN, MICHAEL	6.2 NAME	
STREET ADDRESS	5300 SUN CITRUS BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	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 in an attachment with an address.

SIGNATURE: _____ **ROBERT R. SPICE, JR.** **01/15/97** **(561)464-3000**

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

CRE034 (9/96)