


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N32111 (9) 1. Corporation Name JACKSONVILLE FOOD BROKERS ASSOCIATION, INC.		



Principal Place of Business 6850 BELFORT OAKS PLACE	Mailing Address 6850 BELFORT OAKS PLACE
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US		US		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 6671 HYDE GROVE AVENUE		2a. Mailing Address 26 6671 HYDE GROVE AVENUE		3. Date Incorporated or Qualified 05/04/1989	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 04/02/1996	
City & State 23 Jacksonville, Florida		City & State 28 Jacksonville, FL		4. FEI Number 59-2957518	
Zip 24 32210		Country 25 U.S.A.		Applied For <input checked="" type="checkbox"/> Not Applicable	
29 32210		30 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BRADLEY, PAUL F. 6850 BELFORT OAKS PLACE JACKSONVILLE FL 32216		10. Name and Address of New Registered Agent			
		81 Name BRADLEY, PAUL F.			
		82 Street Address (P.O. Box Number is Not Acceptable) 6671 HYDE GROVE AVENUE			
		83			
		84 City Jacksonville FL 85 Zip Code 32210			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 SD	NAME CHADWICK, JEFF	1.1 TITLE VD	1.2 NAME CHADWICK, JEFF
STREET ADDRESS PO BOX 41026 N/A	CITY-ST-ZIP JACKSONVILLE FL	1.3 STREET ADDRESS P.O. BOX 41026 N/A	1.4 CITY-ST-ZIP JACKSONVILLE, FL 32204
TITLE PD	NAME GENTRY, TOM	2.1 TITLE PD	2.2 NAME BRADLEY, PAUL
STREET ADDRESS PO BOX 6977 N/A	CITY-ST-ZIP JACKSONVILLE FL	2.3 STREET ADDRESS P.O. BOX 41026 N/A	2.4 CITY-ST-ZIP JACKSONVILLE, FL 32204
TITLE TD	NAME STRICKLAND, DERRYL	3.1 TITLE SD	3.2 NAME BECKSMITH, PAUL
STREET ADDRESS P.O. BOX 37029 N/A	CITY-ST-ZIP JACKSONVILLE FL 32236	3.3 STREET ADDRESS P.O. BOX 37029 N/A	3.4 CITY-ST-ZIP JACKSONVILLE, FL 32236
TITLE VD	NAME BRADLEY, PAUL	4.1 TITLE TD	4.2 NAME ANTONIADIS, GEORGE
STREET ADDRESS 6850 BELFORT OAKS PLACE	CITY-ST-ZIP JACKSONVILLE FL	4.3 STREET ADDRESS P.O. BOX 6977 N/A	4.4 CITY-ST-ZIP JACKSONVILLE, FL 32210
TITLE NAME	STREET ADDRESS	5.1 TITLE	5.2 NAME
CITY-ST-ZIP		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE NAME	STREET ADDRESS	6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)