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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000004672 (9)

1. Corporation Name

POLE BEAN GROWERS EXCHANGE, INCORPORATED



Principal Place of Business

Mailing Address

4401 E. COLONIAL DRIVE
ORLANDO FL 32814

4401 E. COLONIAL DRIVE
ORLANDO FL 32814

3. Date Incorporated or Qualified

09/05/1996

4. FEI Number

59-3509115

Applied For

APPLIED FOR

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, REGINALD L
4401 E. COLONIAL DRIVE
ORLANDO FL 32814

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 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

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 D
NAME RHODES, J.D. JR.
STREET ADDRESS 4401 E. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32814

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME DUNAGAN, LARRY
STREET ADDRESS 4401 E. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32814

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME SANDERS, JEFFREY D
STREET ADDRESS 4401 E. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32814

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME AMES, ROBERT K
STREET ADDRESS 4401 E. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32814

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME HEDIGER, WAYNE
STREET ADDRESS 4401 E. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32814

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

4/15/98 (407) 894-1351

CR2E037 (10/97)