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**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90299 018 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000006549**

1. Corporation Name

**FLORIDA FARMERS & SUPPLIERS COALITION, INC.**

Principal Place of Business

Mailing Address

1451 WEST CYPRESS CREEK ROAD, SUITE 100  
FORT LAUDERDALE FL 33309

1451 WEST CYPRESS CREEK ROAD, SUITE 100  
FORT LAUDERDALE FL 33309



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/26/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0714546

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

24

25

29

30

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name J. Luis Rodriguez

82 Street Address (P.O. Box Number is Not Acceptable)

1451 W. Cypress Creek Rd Ste 100

83

84 City Ft. Lauderdale

FL

85 Zip Code  
33309

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

*J. Luis Rodriguez*

*J. Luis Rodriguez*

DATE

4-13-99

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE  
NAME SMIGEL, GARY  
STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD, SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE FL

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Marshall Hagan  
1.3 STREET ADDRESS 1451 W. Cypress Creek Road Ste 100  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE PD ☐ DELETE  
NAME DIMARE, PAUL J  
STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD, SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE FL

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Larry Lipman  
2.3 STREET ADDRESS 1451 W. Cypress Creek Road Ste 100  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE S ☐ DELETE  
NAME RODRIGUEZ, J. LUIS  
STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD, SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Frank Pero  
3.3 STREET ADDRESS 1451 W. Cypress Creek Road Ste 100  
3.4 CITY-ST-ZIP FT. Lauderdale, FL 33309

TITLE D ☐ DELETE  
NAME NEILL, DAVID  
STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD, SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME Steve Thomas  
4.3 STREET ADDRESS 1451 W. Cypress Creek Road Ste 100  
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE D ☐ DELETE  
NAME TAYLOR, JAY  
STREET ADDRESS 1451 WEST CYPRESS CREEK ROAD, SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

TITLE D ☐ DELETE  
NAME ESFORMES JOSEPH  
STREET ADDRESS 503 10TH ST WEST  
CITY-ST-ZIP PALMETTO FL

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

*J. Luis Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 954 772 1771

Date

Daytime Phone #

CR2E037 (1/198)

0037073