




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90026 001 ***122.50

DOCUMENT # N97000006872					
1. Entity Name TROPICAL FRUIT GROWERS EXCHANGE, INCORPORATED					
Principal Place of Business 4401 E. COLONIAL DR. ORLANDO, FL 32814			Mailing Address 4401 E. COLONIAL DR. ORLANDO, FL 32814		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3509117	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BESS, MIKE D 4401 E COLONIAL DRIVE ORLANDO, FL 32814				Name <u>Danny Rawlerson</u> Street Address (P.O. Box Number is Not Acceptable) <u>4401 East Colonial Drive</u> City <u>Orlando</u> FL Zip Code <u>32814</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE <u>1/14/04</u>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACOSTA, ALCIDES		NAME	Danny Rawlerson	
STREET ADDRESS	21051 KROME AVE.		STREET ADDRESS	4401 East Colonial Drive	
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP	Orlando, FL 32814	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, N P		NAME		
STREET ADDRESS	18400 SW 256 ST.		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33031		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMAMURA, HERBERT		NAME		
STREET ADDRESS	25251 SW 139 AVE.		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE  DATE <u>1/14/04</u> Daytime Phone #					

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