

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90037 050 ***158.75

DOCUMENT # P10175

1. Corporation Name

TRIPLE E PRODUCE CORP.

Principal Place of Business

503 10TH ST. WEST
PALMETTO FL 34221

Mailing Address

PO BOX 1389
PALMETTO FL 34220
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1986

4. FEI Number

94-1631289

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ZABLUDOWSKI, DANIEL A.
2 SOUTH BISCAYNE BLVE.
SUITE 3100
MIAMI FL 33131

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

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

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

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ESFORMES, NATHAN J.
STREET ADDRESS 1666 KENNEDY CAUSEWAY #408
CITY-ST-ZIP NORTH BAT VILLAGE FL

TITLE SRVP
NAME ESFORMES, JOSEPH
STREET ADDRESS 503 10TH ST.
CITY-ST-ZIP PALMETTO FL

TITLE S
NAME HEISER, JEFFREY D.
STREET ADDRESS 949 N. CENTER ST., S-A
CITY-ST-ZIP STOCKTON CA

TITLE VP
NAME ALVAREZ, ELIZABETH
STREET ADDRESS 503 10TH WEST
CITY-ST-ZIP PALMETTO FL

TITLE AS
NAME ALVAREZ, ELIZABETH
STREET ADDRESS 503 10TH ST. WEST
CITY-ST-ZIP PALMETTO FL

TITLE T
NAME BOYER, WILLIAM
STREET ADDRESS 8690 W LINNE RD
CITY-ST-ZIP TRACY CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-99 941-729-4610

CR2E034 (11/98)