

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 02 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P35979

(4)

1. Corporation Name  
 C&G CITRUS COMPANY



Principal Place of Business

1857 KELLER ROAD  
 P. O. BOX 208  
 FT MEADE FL 33841  
 US

Mailing Address

701 HARGER RD.  
 SUITE 190  
 OAK BROOK IL 60521-60523  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1991

4. FEI Number

36-3779440

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 701 Harger Road

Suite, Apt. #, etc.

27 Suite 190

City & State

28 Oak Brook, IL

29 Zip Country

30 60523 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 110 NORTH MAGNOLIA STREET  
 TALLAHASSEE FL 32301

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

V  
 TITLE SCHUSTER, STEPHEN M [ ] DELETE  
 NAME 701 HARGER ROAD STE 190  
 STREET ADDRESS OAK BROOK IL  
 CITY-ST-ZIP

T  
 TITLE KRANTZ, ARTHUR H. [ ] DELETE  
 NAME 701 HARGER ROAD, #190  
 STREET ADDRESS OAK BROOK IL  
 CITY-ST-ZIP

VD  
 TITLE GUSTAFSON, F. EDWARD [ ] DELETE  
 NAME 701 HARGER ROAD, #190  
 STREET ADDRESS OAK BROOK IL  
 CITY-ST-ZIP

P  
 TITLE BARNETT, JOHN CONNALLY [ ] DELETE  
 NAME 1857 KELLER ROAD  
 STREET ADDRESS FT MEADE FL  
 CITY-ST-ZIP

[ ] DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

[ ] DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE [ ] Change [ ] Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE [ ] Change [ ] Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Stephen M. Schuster*

9/1/98

(620) 575-2211

CR2E034 (5/98)