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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARIMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400072335 (0)

DELK PRODUCE, INC.

1

The many of the second of the

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 13 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Ad	dress					BB\$41 GA(1) 4BA(A 1)	***	IIOI OIII EVOI	
1255 W. ATLANTIC BLVD. 1255 W. ATLANTIC BLVD #F2 #F2 POMPANO BEACH FL 33069 POMPANO BEACH FL 33							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 10/03/1994				
21	Place of Business	2a. Mailing 26	Address	_			4. FEI Number 65-0523516		<del></del>	olied For Applicable	
Suite, Apt.			pt. #, etc. F - 9				5. Certificate of Status Desired	□ <b>\$</b>	<b>8.75</b> A Fee Rec		
City & Sta	te	City & S	itate				Election Campaign Financing     Trust Fund Contribution		55.00 i Added to	,	
Zip 24	Country 25	Zip 29	3(	Count	гу		This corporation owes or has pa     Personal Property Tax due June			ngible No	
	g. Name and Address of Currer	t Registered Ag	ent	. I			10. Name and Address of New Re	gistered Ager	it		
	DELK, J. BARRY			8	1 Nan	ie				_	
1255 W. ATLANTIC BLVD.					2 Stre	et Addres	ss (P.O. Box Number is Not Acceptab	ole)			
POMPANO BEACH FL 33069				9	63 Suite F-9					-1-	
					4 City			FL 85	Zip C	ode	
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such	change was aut	horized	by the c	ed corpo orporatio	ration submits this statement for the p n's board of directors. I hereby accep	ourpose of cha of the appointn	nging its nent as r	registered egistered	
SIGNATURE	Signature, typed or prelied name of legistered agr	nt and telo if applicable	(NOTE F	Ingistered A	gent signa	ure required	when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	D		DELETE	1.1 TITLE				المها	Change	Addition	
NAME	DELK, J. BARRY			1.2 NAM	E						
STREET ADDRESS	1255 W. ATLANTIC BLVD.,			1.3 STRE	ET ADDRES	s   เมษ	5 W Atlantic Blvd., F	- 9			
CITY-ST-ZIP	POMPANO BEACH FL 3306	19		1.4 CITY	-ST-ZIP						
TITLE	D		DELETE	2.1 TITLE				127	Change	Addition	
NAME	DELK, JAY H			2.2 NAM	E						
STREET ADDRESS	1255 W. ATLANTIC BLVD.,	<b>#</b> F2		2.3 STRE	ET ADDRES	s lasse	W Atlantic Blud., F-9				
CITY-ST-ZIP	POMPANO BEACH FL 3306	19		2 4 CITY	-ST-ZIP		, , , , , , , , , , , , , , , , , , , ,				
TITLE			DELETE	3.1 TITLE					Change	Addition	
NAME				32 NAM	E	ĺ					
STREET ADDRESS				3.3 STRE	ET ADDRES	s					
CITY-ST-ZIP				3.4. CITY	-ST-ZIP	i					
TITLE			DELETE	4.1 TITLE		t			Change	Addition	
NAME	Į			4. 2 NAN	4E	-					
STREET ADDRESS	ĺ			4.3 STRE	ET ADDRES	s					
CITY-ST-ZIP				4.4 CITY							
TOLE			DELETE	5.1 TITLE					Change	Addition	

14. Thereby 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 driving on the faceiver or trustee emporation or the faceiver or trustee emporation. Block 12 or Block 13 if changed on an affactment with an address.

5.2 NAME

6.1 TITLE

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

4-6-96

954946567

Addition