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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000079080 (4)

1. Corporation Name

CLEWISTON CITRUS, INC.

Principal Place of Business

ROUTE 2 BOX 1210
CLEWISTON FL 33440-9618

Mailing Address

ROUTE 2 BOX 1210
CLEWISTON FL 33440-9618



3. Date Incorporated or Qualified

10/13/1995

3a. Date of Last Report

05/01/1996

4. FET Number

13-3859037

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SMITH, RICHARD C
C/O COLL DAVIDSON CARTER ET AL.
3200 MIAMI CENTER, 201 S. BISCAYNE BLVD.
MIAMI FL 33131-2312

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 P
NAME MARK R. SLANE
STREET ADDRESS C/O THE BANK OF NEW YORK, ONE WALL STREET
CITY-ST-ZIP NEW YORK NY

TITLE T
NAME WILLIAM M SCRAGG
STREET ADDRESS C/O THE BANK OF NEW YORK, ONE WALL STREET
CITY-ST-ZIP NEW YORK NY

TITLE S
NAME JACQUELINE R. MCSWIGGAN
STREET ADDRESS C/O THE BANK OF NEW YORK, ONE WALL STREET
CITY-ST-ZIP NEW YORK NY

TITLE VP
NAME EDWARD J. DESALVIO
STREET ADDRESS C/O THE BANK OF NEW YORK, ONE WALL STREET
CITY-ST-ZIP NEW YORK NY

TITLE VP
NAME RICHARD P. HEBNER
STREET ADDRESS C/O THE BANK OF NEW YORK, ONE WALL STREET
CITY-ST-ZIP NEW YORK NY

TITLE VP
NAME DAN S. LAZAR
STREET ADDRESS C/O THE BANK OF NEW YORK, ONE WALL STREET
CITY-ST-ZIP NEW YORK NY

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 do 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

Edward J. Desalvio

EDWARD J. DESALVIO 1/21/97 (112) (135-7285

CR2E034 (9/96)