

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

FILED

Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000024923 (0)**

1. Corporation Name
SILVER SPRINGS CITRUS, INC.

Principal Place of Business
**P. O. BOX 155
HOWEY-IN-THE-HILLS FL 34737-0155**

Mailing Address
**P. O. BOX 155
HOWEY-IN-THE-HILLS FL 34737-0155**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/18/1996	
4. FEI Number 59-1149667		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SELL, CHARLES W 201 EAST PINE STREET, SUITE 1200 ORLANDO FL 32801				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUJITA, SENI	1.2 NAME	
STREET ADDRESS	25411 MARE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	1.4 CITY-ST-ZIP	
TITLE	DCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKAI, YOSHIMI	2.2 NAME	
STREET ADDRESS	25411 MARE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NODA, YUJI	3.2 NAME	
STREET ADDRESS	25411 MARE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMERS, TERRY	4.2 NAME	
STREET ADDRESS	25411 MARE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOWEY IN THE HILLS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, WILLIAM J	5.2 NAME	
STREET ADDRESS	25411 MARE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, JOHN N	6.2 NAME	PRESIDENT/DIRECTOR
STREET ADDRESS	25411 MARE AVENUE	6.3 STREET ADDRESS	REES, JOHN N
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	6.4 CITY-ST-ZIP	25411 MARE AVENUE
			HOWEY IN THE HILLS FL 34737

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:

John Rees **JOHN REES** **3/16/98**

CR2E034 (10/97)