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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # P97
1. Corporation Name

P97000017518 (6)

BARTOW CITRUS INDUSTRIES, INCORPORATED

FILED Jan 22 1998 8:00am Secretary of State



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2. Principal Place of Business 21	Applied For Not Applicable 875 Additional
2. Principal Place of Business 3. Date Incomposition October 1. Principal Place of Country 3. State of City & State 2. Principal Place of Business 3. Date Incomposition October 1. Principal Place of Country 3. State of City & State 2. Principal Place of Business 3. Date Incomposition October 1. Principal Place of City & State of C	Problem Applied For Not Applicable \$7.5 Additional
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9. Name and Address of Current Registered Agent 10. Name and KNESKI, PETER SUITE 807 19 WEST FLACIER STREET . MIAMI FL 33130 11. Pursuant to the provisions of Sections 607.05/9 and 607.1508. Florida Statutes, the above-named corporation's board of dire agent. I am begins of sections of formation of the agent. I am begins of sections of Section 607.0505, Florida Statutes, the above-named corporation's board of dire agent. I am begins of sections of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE LANDSMAN, SAMUEL 12. OFFICERS AND DIRECTORS 13. ADDITIONS: TITLE LANDSMAN, SAMUEL 18071 BISCAYNE BLVD., APT. 1601, TOWER N3 NORTH MIAMI BEACH FL 33160 14 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 2 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3 3 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4 STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP 4 CITY-ST-ZIP	Contribution Added to Fees
9. Name and Address of Current Registered Agent KNESKI, PETER SUITE 807 19 WEST FLAGLER STREET . MIAMI FL 33130 84 City 11. Pursuant to the provisions of Sections 507.0592 and 607.1508, Florida Statutes, the above-named corporation submits the office or registered agent with and apoput per obligations of Section 607.0505, Florida Statutes, the above-named corporation's board of dire agent. I am healing. SIGNATURE Signature. Splet of printing agent with alle Physicians of Section 607.0505, Florida Statutes, the above-named corporation's board of dire agent. I am healing. 12. OFFICERS AND DIRECTORS ITILE LANDSMAN, SAMUEL 1807 I BISCAYNE BLVD., APT. 1801, TOWER N3 NORTH MIAMI BEACH FL 33160 DELETE 11 IIILE LANDSMAN, SAMUEL 1807 I BISCAYNE BLVD., APT. 1801, TOWER N3 NORTH MIAMI BEACH FL 33160 DELETE 21 IIILE NAME 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE AMME STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE AMME STREET ADDRESS CITY-ST-ZIP DELETE 42 NAME 43 STREET ADDRESS CITY-ST-ZIP DELETE 44 TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE 44 TITLE AMME STREET ADDRESS CITY-ST-ZIP DELETE 44 TITLE AMME STREET ADDRESS CITY-ST-ZIP DELETE 47 TITLE AMME STREET ADDRESS CITY-ST-ZIP DELETE 47 TITLE AMME STREET ADDRESS CITY-ST-ZIP	ition owes or has paid the current year Intangible
KNESKI, PETER SUITE 807 19 WEST FLAGLER STREET . MIAMI FL 33130 11. Pursuant to the provisions of Sections 607 0597 and 607.1508, Florida Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of dire agent. I am neglial with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/ ITILE LANDSMAN, SAMUEL 18071 BISCAYNE BLVD., APT. 1801, TOWER N3 NORTH MIAMI BEACH FL 33160 14. CITY-ST-ZIP TITLE DELETE 17. TITLE DELETE 18. TITLE DELETE 31. TITLE DELETE 32. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 33. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 34. CITY-ST-ZIP TITLE DELETE 35. TITLE AMME 36. ADDITIONS/ 11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above-named corporation submits the office of the corporation's board of dire agent agent agent and such corporation's board of dire agent agen	perty Tax due June 30. Yes No
SUITE 807 19 WEST FLAGLER STREET MIAMI FL 33130 82 Street Address (P.O. Box Nur 11. Pursuant to the provisions of Soctions 607 0597 and 607.1508, Florida Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of dire agent. I am registered agent agent and the highestic (NOTE Adjustered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/ 11/LE AND DELETE 11 ITILE LANDSMAN, SAMUEL 12 MAME 13 STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 14 CITY-ST-ZIP TITLE DELETE 31 TITLE AMME 32 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4 STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP DELETE 4 STREET ADDRESS CITY-ST-ZIP AS STREET ADDRESS CITY-ST-ZIP DELETE 4 STREET ADDRESS CITY-ST-ZIP AS STREET ADDRESS CITY-ST-ZIP AS STREET ADDRESS CITY-ST-ZIP 4 STREET ADDRESS CITY-ST-ZIP AS STREET ADDRESS CITY-ST-ZIP	Address of New Registered Agent
11. Pursuant to the provisions of Sections AD7 0587 and 607.1508, Florida Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of dire agent. I am handlar with, and accorpt the obligations of Section 607.0505, Florida Statutes. SIGNATURE LANDSMAN, SAMUEL LANDSMAN, SAMUEL LANDSMAN, SAMUEL LANDSMAN, SAMUEL 12 NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 DELETE 21 TILLE MAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TILLE MAME STREET ADDRESS CITY-ST-ZIP DELETE 41 TILLE MAME STREET ADDRESS CITY-ST-ZIP DELETE 41 TILLE MAME STREET ADDRESS CITY-ST-ZIP DELETE 41 TILLE MAME STREET ADDRESS CITY-ST-ZIP AS STREET ADDRESS CITY-ST-ZIP	
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11. Pursuant to the provisions of Sections (07,056) and 607,1508, Florida Statutes, the above-named corporation submits the office or registered adent, or both, in the State of Florida, Such change was authorized by the corporation's board of direst agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/ ITILE CD DELETE 11 TILE LANDSMAN, SAMUEL 12 NAME STREET ADDRESS DITY-ST-ZIP NORTH MIAMI BEACH FL. 33160 14 CITY-ST-ZIP TITLE DELETE 21 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY-ST-ZIP	
11. Pursuant to the provisions of Sections 607.0567 and 607.1508, Florida Statutes, the above-named corporation submits it office or registered event, or both, in the State of Florida Such change was authorized by the corporation's board of dire agent. I am hamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/ TITLE LANDSMAN, SAMUEL 12 NAME 13 STREET ADDRESS DIY-ST-ZIP NORTH MIAMI BEACH FL 33160 14 CITY-ST-ZIP TITLE DELETE 17 IIILE NAME 18 OFFICERS AND DIRECTORS 19 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 11 TITLE 12 NAME 12 NAME 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 42 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP	
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##Y-ST-ZIP 64 CITY-ST-ZIP 4. I hereby certify that the information supplied with this filling does not qualify for the exemption etallicing Section 119.07(3)	Change Addition
4. Frereby certify that the information supplied with this filling does not quality for the exemption bearing section 1 along the indicated on this annual report is frue and accurate and that my signallying shall have they officer or director of the corporation or the receivor or trustee empowered to execute this report as required by Chapter 6.	Change Addition Change Addition
officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 Block 12 or Block 13 if changed, or on an attachment with an address.	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition