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

May 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000024570 (8) ASIA GROWERS, INC. Principal Place of Business Mailing Address 2560 SHAMROCK DRIVE 2560 SHAMROCK DRIVE VENICE FL 34293 VENICE FL 34293 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1997 2. Principal Place of Business 2a. Mailing Address Applied For 505 North Jackson Rd Not Applicable Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be enic Trust Fund Contribution 28 Added to Fees Country Country This corporation owes or has paid the current year Intangible 597a5**019** Personal Property Tax due June 30. Yes Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent anderson, herbert e 2560 SHAMROCK DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34293 83 84 City 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. <u>Anderson</u> SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE ☐ Change ☐ Addition ANDERSON, HERBERT E NAME 1.2 NAME CRZE034 2560 SHAMROCK DRIVE STREET ADDRESS 1.3 STREET ADDRESS VENICE FL 34293 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE ANDERSON, LUCYNA NAME 2.2 NAME 2560 SHAMROCK DRIVE STREET ADDRESS 2.3 STREET ADDRESS **VE**NICE FL 34293 CITY-ST-ZIF 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change ■ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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.

**FILED** 

(941) 493 - 4169 1941) 483-0881