

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90026 049 ***150.00

DOCUMENT # P97000097873 <8> ✓

1. Corporation Name

PRODUCE ETC., INC.

Principal Place of Business

Mailing Address

11911 BISCAYNE BLVD
NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-17-97

4. FEI Number

65-0794834

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 owes the current year Intangible
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

JANE

26. Suite, Apt. #, etc.

JANE

22. City & State

23. Zip

24. Country

25. Zip

26. Country

27. Zip

28. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

ALAN D. SHERMAN
1286 NE 99 ST.
MIAMI SHORES FL 33138

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D ALAN D. SHERMAN
1286 NE. 99 ST.
MIAMI SHORES FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D DANA SHERMAN
1286 NE. 99 ST.
MIAMI SHORES FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Empty]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Empty]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Empty]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Empty]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
[Empty]

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[Empty]

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[Empty]

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[Empty]

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[Empty]

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[Empty]

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, with all other like empowered.

SIGNATURE: ALAN D. SHERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN D. SHERMAN

Date

4/29/99 305-895-0101

Daytime Phone #

CR2E034 (11/98)