Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90078 008 \*\*\*150.00

## 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

## DOCUMENT # P98000085765

<ol> <li>Corporation</li> </ol>	Name	· ·				
CURTIS PRODUCE EXCHANGE, INC.				( ) man ( ) ( 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2	ts color andit t <b>acin</b> s	sini alti IBBI
Principal Place	e of Business	Mailing Address		- I SANCIANE UN TREAT COURT NOUS COURT AND COURT	IT SOCIET OSTIS SOCIET I	
2228 ROSLYN LANE 2228 ROSLYN LANE						
LAKELAND FL 33813			DO NOT WRITE IN THI	S SPACE		
				3. Date Incorporated or Qualifed		
				10/07/1998		
Principal Place of Business     2a. Mailing Address			4. FEI Number	App	lied For	
21		26 P.O. Box 6	702	59-3535958		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	.@	5. Certificate of Status Desired	\$8.75 A	
City & State City & State				6. Election Campaign Financing	\$5.00 1	May Be
23		28 Lakeland	,FL	Trust Fund Contribution	Added to	Fees
Zíp	Country	Zip	Country	8. This corporation owes the current year l		٦
24	25	29 <i>33807-6702</i> 3	o USA	Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registere	a Agent	
AMF	RILAWYER		1 - 1 1	arl T. Curtis I	<u> </u>	
343 ALMERIA AVENUE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			83 ,	128 Koslyn Lane		
			,			
			84 City La	Keland F		8/3
office or r	agistered agent or both in the State	e of Florida. Such change was aut	nonzed by the comoratio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its r ointment as reg	registered istered
agent. Fai	m familiar with and accept the oblig	ations of, Section 607.0505, Florid	la Statutes.			]
SIGNATURE	Carl J. Cin	le I (Carl	T. Curtis:	T 1 - 7 - 1	99	
45	Signature, typed of printed name of registered ag	pent and title if applicable (NOTE: R	registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PTD	DELETE	1,1 TITLE	7,5571101101010101010101010101010101010101	Change	Addition
NAME	CURTIS, CARL T II		1.2 NAME	•		
STREET ADDRESS	2228 ROSLYN LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-ST-ZIP			
TITLE	VDF	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	CURTIS, CHARLES E		2.2 NAME	•		}
STREET ADDRESS	2228 ROSLYN LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813		2. 4 CITY-ST-ZIP	<u> </u>		
TITLE	\$	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	CURTIS, VICKY		3 2 NAME			ĺ
STREET ADDRESS	2228 ROSLYN LANE		3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813		3.4. CITY-ST-ZIP			Addition
TITLE	· •			<del></del>	Change	
NAME		☐ DELETE	4.1 TITLE		Change	
		☐ DELETE	4.1 TITLE 4. 2 NAME		Change	,
STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change	
STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 52 NAME 6.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change	☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE: