

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 # S62784

1. Corporation Name

KENNECO PRODUCE WHOLESALERS, INC.

Principal Place of Business

1255 W. ATLANTIC BLVD.
SUITE NO. 8
POMPANO BEACH FL 33069

Mailing Address

1255 W. ATLANTIC BLVD.
SUITE NO. 8
POMPANO BEACH FL 33069

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90093 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1991

4. FEI Number

65-0269135

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

21 3487 Hiatus Road

2a. Mailing Address

26 3487 HIATUS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SUNRISE, FL

City & State

28 SUNRISE FLORIDA

Zip

24 33351 25 USA

Zip

29 33351 30 USA

9. Name and Address of Current Registered Agent

HYMAN, BRAD
1255 WEST ATLANTIC BLVD
SUITE 8
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3487 Hiatus Road

83

84 City

Sunrise

FL

85 Zip Code

33351

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 PST ☐ DELETE

NAME HYMAN, BRAD
STREET ADDRESS 1255 W. ATLANTIC BLVD. #8
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE

NAME HYMAN, BRAD
STREET ADDRESS 1255 W. ATLANTIC BLVD. #8
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3487 Hiatus Road
1.4 CITY-ST-ZIP Sunrise, FL 33351

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3487 Hiatus Road
2.4 CITY-ST-ZIP Sunrise, FL 33351

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/99

954-746-4870