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CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** BENATOVICH PRODUCE, INC. Principal Place of Business Mailing Address 1620 S OCEAN BLVD 1620 S OCEAN BLVD POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3a. Date of Last Report 3. Date Incorporated or Qualified 03/23/1992 01/24/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0323807 Not Applicable 4101 SANCRAPHLANE 4101 SANCWALY LANE 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing ATON Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Country Country US A 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BENATOVICH, THEODORE Street Address (P.O. Box Number is Not Acceptable) SANCNARY 4101 1620 S. OCEAN BLVD. 83 POMPANO BEACH FL 33062 2 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office de. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tion 607,0505, Florida Statutes 11. Pursuant to the provisions of Sections 607.0503 RESIDENT nature required when reinstating; ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1 1 TITLE BENATOVICH, TED 1.2 NAME NAMi SAULTUARY LANE 1620 S OCEAN BLVD 1.3 STREET ADDRESS STREET ADDRESS RATON, FL 33431 POMPANO BEACH FL 1.4 CITY - ST - ZIP CITY ST-ZIP DELETE DVT 2 1 1111.8 THEF BENATOVICH, VERA 22 NAME NAME 4101 SANCHUARY CANE BUCA RATON, R 33431 1620 S OCEAN BLVD 23 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 24 CITY - ST - ZIP C1Y-S1-7P

☐ Addition ☐ Change DELETE 3 1 TITLE 1000 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY -ST-ZIP Offy - \$1-20 Addition DELETE 4 1 THILE THE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ACCRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE THUE 5.2 NAME 1.A.1-53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP Cala-\$1 2P Addition □ Change DELETE 6 1 TITLE Hitt 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 City-S1-ZIP

CITY - S1 - ZIE 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K). Florida Statutes, I further certify that the information indicated on this annual report or supplied and under certify that I am an officer or director of the corporation or the feetiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

SIGNATURE

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