

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V65147** (3)
1. Corporation Name
WILLIAMS PRODUCE MARKETING, INC.

Principal Place of Business 14045A N. DALE MABRY HWY. TAMPA FL 33614 US	Mailing Address 14045A N. DALE MABRY HWY. TAMPA FL 33618 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 NO suite #17 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 NO suite #18 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 09/18/1992
g. Name and Address of Current Registered Agent KATZ, RICHARD L. 2100 SALZEDO ST SUITE 300 CORAL GABLES FL 33134		4. FEI Number 59-3146434		
81 Name		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
83		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
84 City		10. Name and Address of New Registered Agent		
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, RICHARD L	1.2 NAME	
STREET ADDRESS	2100 SALZEDO ST #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN	2.2 NAME	
STREET ADDRESS	44023 WOLOFFT DR.	2.3 STREET ADDRESS	4301 ROUND LAKE COURT
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACKS, JACK	3.2 NAME	
STREET ADDRESS	8212 RIVERA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINNIS, KEN	4.2 NAME	
STREET ADDRESS	15604 N. HIMES ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANSCHT, DAVID	5.2 NAME	
STREET ADDRESS	16145 RAVENDALE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplement 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.

SIGNATURE:

John Williams

John Williams 3/20/98 813-264-5669

CR2E034 (10/97)