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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V73587

COUNTY LINE FRUIT COMPANY, INC.

(0)

FILED Mar 14 1997 8:00am Secretary of State

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		1	

Principal Place of Business 7800 HWY. 80 W. ALVA FL 33920 US			Mailing Address P O BOX 327 ALVA FL 33920-0327 US												
									3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1996						
2. Principal P	Place of Busin	ness		e. Maile	ng Address					4. FEI Number			App	lied For	
21			20	1	·		<b></b>			65-0368589			<b>↓</b> —	Applicable	)
Suite, Apt.	#, etc.		2	٦	, Apt. #, etc.					5. Certificate of Status Desired			<b>'5</b> Ad Reg	lditional uired	
City & Stat	te				& State					6. Election Campaign Financing				lay Be	}
23			26	٠ -						Trust Fund Contribution				Fees	
Zip		Country		Zψ		T 0	ountry			8. This corporation has liability for	ntangible			~	7
24		25	29			30				Florida Statules	Yes [	] No			
		and Address of	Current Reg	istered	Agent			,		10. Name and Address of New Re	gistered A	gent			
	izke, carl						81	Na	me						
	) COUNTY   ELLE FL 33						82	Stre	eet Addr	ess (P.O. Box Number is Not Acceptat	le)				1
LADO	ELLE PL 33	830					83							<del></del> -	$\dashv$
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1.75							84	Cit	У		FL	85	Zip Co	ode	
11. Pursuant	to the provis	ions of Sections	607,0502 and	607.150	08, Florida Statu	utes, the	above	o-nan	ned corp	poration submits this statement for the pion's board of directors. I hereby acception	urpose of	changir	g ils	registered	1
agent. I a	im familiar wi	th, and accept the	ie State of Fid ie Obligations	of, Sect	ion 607.0505, F	Torida St	atutes	r trie i S.	corporat	ions poard or directors. Thereby accep	or me appo	ALIGH PALIT	asie	gistorea	
SIGNATURE															
	Signature, typed	or profest name of reg						n, sign	ature requir	ed when relinstating)	DATE	DINEO	TO 00		- .
12.	0	OFFICE	R\$ AND DIF	LCTOR	DELFTE	13	TATLE			ADDITIONS/CHANGES TO OFFIC	JERS AND	Chan		Addition	<u>ا</u>
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CITY-ST-ZIP	by certify tha	Lthe information	supplied with	This filin	o does not qua		CITY-S		on stated	in Section 119.07(3)(i), Florida Statute	s I further	certify t	hat th		

14. I do hereby certify that the information supulied 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.

SIGNATURE: XIN

Good Schroiber

3/2/97

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