

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 24 AM 6:46

TALLAHASSEE, FLORIDA
DD

DOCUMENT # K07672 (4)

1. Corporation Name

THOMPSON'S FARM FRESH PRODUCE COMPANY, INC.

Principal Place of Business

453 VAN PELT LANE
PENSACOLA FL 32505

Mailing Address

453 VAN PELT LANE
PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1987

3a. Date of Last Report

07/20/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

3100 HILTON ST.

4. FEI Number

59-2541118

Applied For

Not Applicable

22

City & State

27

City & State

Jacksonville, FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

32203

USA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

32203

USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMPSON, PRESTON
453 VAN PELT LANE
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name

Larry H Maurer

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

3100 Hilton Street

83

84 City

Jacksonville

FL

85 Zip Code

32203

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

SEE ATTACHED STATEMENT

(Signature typed or printed name of registered agent and the corporation)

(Signature typed or printed name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS

TITLE

PD

THOMPSON, PRESTON
9 CLARINDA LN
PENSACOLA FL

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

VD

THOMPSON, CONNIE
9 CLARINDA LN
PENSACOLA FL

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

ST

THOMPSON, CONNIE
9 CLARINDA LN
PENSACOLA FL

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President & Director

☒ Change ☐ Addition

1.2 NAME

Lawrence Morosovitz

1.3 STREET ADDRESS

3100 Hilton St.

1.4 CITY ST ZIP

Jacksonville, FL 32203

2.1 TITLE

Secretary & Treasurer

☒ Change ☐ Addition

2.2 NAME

Larry Maurer

2.3 STREET ADDRESS

3100 Hilton St.

2.4 CITY ST ZIP

Jacksonville, FL 32203

3.1 TITLE

Asst. Secretary

☒ Change ☐ Addition

3.2 NAME

Bernadette M. Kruk

3.3 STREET ADDRESS

15303 Dallas Parkway, #1250

3.4 CITY ST ZIP

Dallas, TX 75248

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

4.5 TITLE

4.6 NAME

4.7 STREET ADDRESS

4.8 CITY ST ZIP

4.9 TITLE

4.10 NAME

4.11 STREET ADDRESS

4.12 CITY ST ZIP

TIS, 3/24/95

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-03/27/95--01002--010

****200:00 ****200:00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, title 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 on oath, that I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bernadette M. Kruk

Bernadette M. Kruk

3/14/95

214-387-2394

(Signature typed or printed name of officer or director)

(Signature typed or printed name of officer or director)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

Page 1

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TALLAHASSEE, FLORIDA

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FILED 3/21/95

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FILED AT TALLAHASSEE, FLORIDA

DOCUMENT # K12780

1. Corporation Name

SONY BROADCAST EXPORT CORPORATION

2. Principal Place of Business

5201 Blue Lagoon Drive
Suite 400
Miami, Florida 33126

3. Mailing Address

SONY ELECTRONICS INC.
1 SONY DRIVE T2-2
PARK RIDGE, N.J. 07656

3. Date of Incorporation (or Reincorporation)

01/22/1988

3a. Date of Filing Report

5/1/94

2. Principal Place of Business

21 5201 Blue Lagoon Drive

2a. Mailing Address

26 1 SONY DRIVE

4. FID Number

22-2867 168

Applied For

State of Florida

22 Suite 400

27 Suite Apt. #, etc

27 MD - T2-2

5. Certificate of Status (Domestic)

X

\$8.75 Additional
Fee Required

City & State

23 Miami, Florida

City & State

28 PARK RIDGE, N. J. 07656

6. Election Campaign Financing

N/A

\$5.00 May Be
Added to Fees

Zip

24 33126

Country

25 U.S.A.

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 190.04,
Florida Statutes. X Yes [] No

9. Name and Address of Current Registered Agent

C. T. CORPORATION SYSTEM
1200-SOUTH PINE ISLAND ROAD
PLANTATION, FL. 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address, P.O. Box Number, etc. (If Agent is a corporation, give the name of the corporation and its address.)

83

84 City

FL

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. Thereby, I accept the obligations of an registered agent. I am familiar with and I accept the obligations of Section 627.0926, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If registered agent is a corporation, give the name of the corporation and its address.)

Signature of New Registered Agent (If new registered agent is a corporation, give the name of the corporation and its address.)

12. OFFICERS AND DIRECTORS

12a. Name

P/D
ADAMO, GLENN

12b. Street Address

12c. City & State

12d. Zip

12e. Title

12f. Name

S
NEES, KENNETH L.

12g. Street Address

12h. City & State

12i. Zip

12j. Title

12k. Name

T/A/S
HAMMANG, DANIEL F.

12l. Street Address

12m. City & State

12n. Zip

12o. Title

12p. Name

D
STEINBERG, CHARLES

12q. Street Address

12r. City & State

12s. Zip

12t. Title

12u. Name

12v. Street Address

12w. City & State

12x. Zip

12y. Title

12z. Name

12aa. Street Address

12ab. City & State

12ac. Zip

12ad. Title

12ae. Name

12af. Street Address

12ag. City & State

12ah. Zip

12ai. Title

12aj. Name

12ak. Street Address

12al. City & State

12am. Zip

12an. Title

12ao. Name

12ap. Street Address

12aq. City & State

12ar. Zip

12as. Title

12at. Name

12au. Street Address

12av. City & State

12aw. Zip

12ax. Title

12ay. Name

12az. Street Address

12ba. City & State

12bb. Zip

12bc. Title

12bd. Name

12be. Street Address

12bf. City & State

12bg. Zip

12bh. Title

12bi. Name

12bj. Street Address

12bk. City & State

12bl. Zip

12bm. Title

12bn. Name

12bo. Street Address

12bp. City & State

12bq. Zip

12br. Title

12bs. Name

12bt. Street Address

12bu. City & State

12bv. Zip

12bw. Title

12bx. Name

12by. Street Address

12bz. City & State

12c0. Zip

12c1. Title

12c2. Name

12c3. Street Address

12c4. City & State

12c5. Zip

12c6. Title

12c7. Name

12c8. Street Address

12c9. City & State

12ca. Zip

12cb. Title

12cc. Name

12cd. Street Address

12ce. City & State

12cf. Zip

12cg. Title

12ch. Name

12ci. Street Address

12cj. City & State

12ck. Zip

12cl. Title

12cm. Name

12cn. Street Address

12co. City & State

12cp. Zip

12cq. Title

12cr. Name

12cs. Street Address

12ct. City & State

12cu. Zip

12cv. Title

12cw. Name

12cx. Street Address

12cy. City & State

12cz. Zip

12d0. Title

12d1. Name

12d2. Street Address

12d3. City & State

12d4. Zip

12d5. Title

12d6. Name

12d7. Street Address

12d8. City & State

12d9. Zip

12da. Title

12db. Name

12dc. Street Address

12dd. City & State

12de. Zip

12df. Title

12dg. Name

12dh. Street Address

12di. City & State

12dj. Zip

12dk. Title

12dl. Name

12dm. Street Address

12dn. City & State

12do. Zip

12dp. Title

12dq. Name

12dr. Street Address

12ds. City & State

12dt. Zip

12du. Title

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12dv. Zip

12dv. Title

12dv. Name

12dv. Street Address

12dv. City & State

12dv. Zip

12dv. Title

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	D/V/P ☐ Change ☒ Addition
NAME		1.2 NAME	MOSES, ROBERT H
STREET ADDRESS		1.3 STREET ADDRESS	5201 Blue Lagoon Drive, Suite 400
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Miami, FL. 33126
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME	N/A	2.2 NAME	
STREET ADDRESS	N/A	2.3 STREET ADDRESS	N/A
CITY - ST - ZIP	N/A	2.4 CITY - ST - ZIP	N/A
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME	N/A	3.2 NAME	
STREET ADDRESS	N/A	3.3 STREET ADDRESS	N/A
CITY - ST - ZIP	N/A	3.4 CITY - ST - ZIP	N/A
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME	N/A	4.2 NAME	
STREET ADDRESS	N/A	4.3 STREET ADDRESS	N/A
CITY - ST - ZIP	N/A	4.4 CITY - ST - ZIP	N/A
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME	N/A	5.2 NAME	
STREET ADDRESS	N/A	5.3 STREET ADDRESS	N/A
CITY - ST - ZIP	N/A	5.4 CITY - ST - ZIP	N/A
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME	N/A	6.2 NAME	
STREET ADDRESS	N/A	6.3 STREET ADDRESS	N/A
CITY - ST - ZIP	N/A	6.4 CITY - ST - ZIP	N/A