

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

Pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L44197 (6)

1. Corporation Name
PACIFIC COLLIER FRESH COMPANY



Principal Place of Business 2600 GOLDEN GATE PARKWAY SUITE 200 NAPLES FL 33942-3206	Mailing Address P.O. BOX 413038 SUITE 300 NAPLES FL 33941 US
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3. Date Incorporated or Qualified 01/18/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0191339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

**COLLIER, BARRON III
 2600 GOLDEN GATE PARKWAY
 SUITE 200
 NAPLES FL FL 33942-3206**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ESFORMES, JOSEPH E.
STREET ADDRESS	2600 GOLDEN GATE PARKWAY
CITY-ST-ZIP	NAPLES FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GREEN, RICHARD
STREET ADDRESS	2600 GOLDEN GATE PARKWAY
CITY-ST-ZIP	NAPLES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ENGLISH, J. EDWIN
STREET ADDRESS	2600 GOLDEN GATE PARKWAY
CITY-ST-ZIP	NAPLES FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	FREITAG, HARRY
STREET ADDRESS	2600 GOLDEN GATE PARKWAY
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARINELLI, PAUL J
STREET ADDRESS	2600 GOLDEN GATE PARKWAY
CITY-ST-ZIP	NAPLES FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	COLLIER, BARRON III
STREET ADDRESS	2600 GOLDEN GATE PARKWAY
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****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(3)(k), 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: *Barron Collier III* **4-9-96** **941/262-2600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

