

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

FILED
Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34029 (9)
1. Corporation Name
PUNTA GORDA CITRUS GROWERS' ASSOCIATION



Principal Place of Business TALACHKER 29 CH-8001 ZURICH SW US	Mailing Address 6117 ELLIOTT STREET PUNTA GORDA FL 33950-3907 US
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3. Date Incorporated or Qualified 05/21/1991	3a. Date of Last Report 02/16/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SCHWARZ, STEPHEN DEH.
21229 OLEAN BLVD.
SUITE B
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JANSEN, WALTER	
STREET ADDRESS	THLACKER 29	
CITY-ST-ZIP	ZURICH, SWITZERLAND	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BIEDERMANN, JOSEF	
STREET ADDRESS	THLACKER 29	
CITY-ST-ZIP	ZURICH, SWITZERLAND	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOLINSKI, HELMUT A.	
STREET ADDRESS	6109 ELLIOTT STREET	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GAUTSCHY, HEINER DR.	
CITY-ST-ZIP	ZURICH SW	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOHNLICH, JOHN	
STREET ADDRESS	3555 FT. CHARLES DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHULER, CONSTANTIN DR.	
STREET ADDRESS	TALACKER 29	
CITY-ST-ZIP	ZURICH SW	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do 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 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 *John Wohnlich* John Wohnlich 02-08-97 (941) 637-0055

CR2E034 (9/96)