

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000087960 (7)**
1. Corporation Name
THE FIRST FRUITS GROUP, INC.



Principal Place of Business: **1150 CLEVELAND SUITE 410 CLEARWATER FL 34615**
Mailing Address: **1150 CLEVELAND SUITE 410 CLEARWATER FL 34615**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1995	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3351446	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81	Name Verlon O. Agan, Jr.		
				82	Street Address (P.O. Box Number is Not Acceptable) 1150 Cleveland, Suite 410		
				83			
				84	City	Clearwater,	85

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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGAN, VERLON O JR.		1.2 NAME	Agan, Verlon O. Jr.	
STREET ADDRESS	1150 CLEVELAND, SUITE 410		1.3 STREET ADDRESS	1150 Cleveland, Suite 410	
CITY-ST-ZIP	CLEARWATER FL 34615		1.4 CITY-ST-ZIP	Clearwater, FL 34615	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DOUG D		2.2 NAME	Brown, Doug D	<input checked="" type="checkbox"/>
STREET ADDRESS	1150 CLEVELAND, SUITE 410		2.3 STREET ADDRESS	1150 Cleveland, Ste. 410	
CITY-ST-ZIP	CLEARWATER FL 34615		2.4 CITY-ST-ZIP	Clearwater, FL 34615	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, CLIFFORD		3.2 NAME	Garrison, Clifford	
STREET ADDRESS	1150 CLEVELAND, SUITE 410		3.3 STREET ADDRESS	1150 Cleveland, Suite 410	
CITY-ST-ZIP	CLEARWATER FL 34615		3.4 CITY-ST-ZIP	Clearwater, FL 34615	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALE, ED N		4.2 NAME	Beale, Ed N	<input checked="" type="checkbox"/>
STREET ADDRESS	1150 CLEVELAND, SUITE 410		4.3 STREET ADDRESS	1150 Cleveland, Suite 410	
CITY-ST-ZIP	CLEARWATER FL 34615		4.4 CITY-ST-ZIP	Clearwater, FL 34615	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	700001791817	
STREET ADDRESS			5.3 STREET ADDRESS	-04/24/96--01008--005	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00	
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 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: Verlon O. Agan, Jr., President 1-800-448-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____

CR2E034 (12/95)