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FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000088952 (2)

1. Corporation Name
MARY ASHCRAFT'S INDIAN RIVER CITRUS FRUITS, INC.



Principal Place of Business
407 GREENWOOD BIRMINGHAM MI 48009

Mailing Address
407 GREENWOOD BIRMINGHAM MI 48009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/25/1996

2. Principal Place of Business 21 4126 SEMINOLE	2a. Mailing Address 26 4126 SEMINOLE	4. FEI Number 38-3335041	Applied For <input type="checkbox"/> Not Applicable
22 Sulte, Apt. #, etc.	27 Sulte, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State ROYAL OAK, MI	28 City & State ROYAL OAK, MI	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 48073	25 Country USA	29 Zip 48073	30 Country USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

LEROY E SMITH'S SONS, INC.
4776 OLD DIXIE HIGHWAY
VERO BEACH FL 32981

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

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASHCRAFT, MARY L		1.2 NAME	
STREET ADDRESS 407 GREENWOOD		1.3 STREET ADDRESS	
CITY-ST-ZIP BIRMINGHAM MI 48009		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASHCRAFT, MARY L		2.2 NAME	
STREET ADDRESS 407 GREENWOOD		2.3 STREET ADDRESS	
CITY-ST-ZIP BIRMINGHAM MI 48009		2.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ASHCRAFT, MARY L		3.2 NAME	TREASURER
STREET ADDRESS 407 GREENWOOD		3.3 STREET ADDRESS	HENNEGHAN, MARY F.
CITY-ST-ZIP BIRMINGHAM MI 48009		3.4 CITY-ST-ZIP	4126 SEMINOLE
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASHCRAFT, MARY L		4.2 NAME	
STREET ADDRESS 407 GREENWOOD		4.3 STREET ADDRESS	
CITY-ST-ZIP BIRMINGHAM MI 48009		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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: *Mary Ashcraft* 5/15/98 (248) 848-1188

CR2E034 (10/97)