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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000005938 (6)

1. Corporation Name
FRUITBUD JUICE CORPORATION

Principal Place of Business

131 WEST STREET
DANBURY CT 06810

Mailing Address

131 WEST STREET
DANBURY CT 06810-6376



3. Date Incorporated or Qualified
12/30/1993

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
06-1319516

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GIDDENS, MICHAEL J
2535 LK. LILLIAN DRIVE
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name David H. Louzek
82 Street Address (P.O. Box Number is Not Acceptable)
1943 TAMARA TR. 1A
83
84 City VERO BEACH FL 85 Zip Code 32966

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 David H. Louzek

Signature, typed or printed name of registered agent and title if applicable

(Not if Registered Agent's signature required when re-stating)

4/30/97

12. OFFICERS AND DIRECTORS

TITLE PC
NAME SALAME, ALBERT J
STREET ADDRESS 131 WEST STREET
CITY-ST-ZIP DANBURY CT

TITLE S
NAME SALAME III, ALBERT J
STREET ADDRESS 131 WEST STREET
CITY-ST-ZIP DANBURY CT

TITLE V
NAME GIDDENS, MICHAEL J
STREET ADDRESS 2535 LK LILLIAN DR.
CITY-ST-ZIP AVON PARK FL

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Albert J. Salame Albert J. Salame

4-30-97 203-744-2600

CR2E034 (9/96)