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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P31962

1. Corporation Name

FREY VI	NEYARDS, LTD. CORPOR	ATION			·					
Principal Place	e of Business	Mailing Address			[			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
14000 TOMKI ROAD 14000 TOMKI RD.			_							
TICE TO THE CONTROL OF THE CONTROL O		REDWOOD VALLEY CA 9547 US	95470				DO NOT WRI	TE IN THIS	SPACE	. د ما محمد
		00				3.	Date Incorporated or Qualifed			
							11/08/1990			
2. Principal P	lace of Business	2a. Mailing Address			· ·		FEI Number		<u> </u>	Applied For
21		26				) :	94-2672520			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	Certificate of Status Desired		\$8.75	Additional
22		27			į	<b>3</b> . '	Certificate of Status Desired		Fee	Required
City & Stat	le	City & State				6.	Election Campaign Financing		\$5.0	<b>0</b> May Be
23		28				-	Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Count	ry		8.	This corporation owes the cur	rent year Inta	angible	_ {
24	25	29	30				Personal Property Tax.		☐ Yes	No
	9. Name and Address of Curr	ent Registered Agent				10.	Name and Address of New	Registered /	Agent	
			8	1 Nan	ne					1
- ** * .	LE-A-DAY BRUCE HEIMAN		8	2 Stre	et Addres	s (P.	O. Box Number is Not Accept	able)	_	
	4 RAINFOREST TR					•				
SAR	ASOTA FL 34240		\8	3						}
			8	4 City					85 Zi	p Code
			۱۳	~ C.G				FL	.   55   -	}
							the state of the s		changing	ite registered
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Statum familiar with, and accept the obli-	te of Florida. Such change was au	thorized b	y the co	ed corpor orporation	ation 's boa	submits this statement for the ard of directors. I hereby acce	purpose of pt the appoin	changing ntment as	its registered registered
office or r	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flori	thorized b da Statute	y the co es.	orporation	'S DO	ard of directors, I nerepy acce	purpose of pt the appoin	changing ntment as	its registered registered
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office or ragent. I a SIGNATURE  12.	registered agent, or both, in the Statum familiar with, and accept the oblining Signature, typed or printed name of registered a OFFICERS /	te of Florida. Such change was au gations of, Section 607.0505, Floringent and title if applicable.  (NOTE: I	thorized to da Statute Registered Ac	gent signati	orporation	S DO	ard of directors. I nereby acce	DATE	D DIREC	TORS IN 12
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Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- \$1-ZIP TITLE NAME STREET ADDRESS	P FREY, PAUL 14000 TOMKI ROAD REDWOOD VALLEY CA S FREY, MARGUERITE 14000 TOMKI ROAD REDWOOD VALLEY CA T FREY, MARGUERITE 14000 TOMKI ROAD REDWOOD VALLEY CA S FREY, MARGUERITE 14000 TOMKI ROAD REDWOOD VALLEY CA T FREY, MATTHEW 14000 TOMKI ROAD REDWOOD VALLEY CA T FREY, MATTHEW 14000 TOMKI ROAD REDWOOD VALLEY CA T FREY, MATTHEW 14000 TOMKI ROAD REDWOOD VALLEY CA VP FREY, KATRINA 14000 TOMKI RD	te of Florida. Such change was au gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS  DELETE  DELETE  DELETE	thorized c da Statute  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 6.3 STRE 6.4 CITY 6.4 CITY	gent signature  E E E E E E E E E E E E E E E E E E	ure required w	S DO	ard of directors. I nereby acce	DATE	D DIREC Chang Chang	TORS IN 12 e

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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR