

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

FILED

**Feb 04 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 # P93000068330 (8)
1. Corporation Name
FRESH CUT PROPERTY MANAGEMENT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9320 NAUTILUS DRIVE MIAMI FL 33189 US	Mailing Address 9320 NAUTILUS DRIVE MIAMI FL 33189 US
---	---

3. Date Incorporated or Qualified 09/23/1993	
4. FEI Number 65-0438166	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 9400 Martinique dr. Suite, Apt. #, etc.	2a. Mailing Address 26 9400 Martinique dr. Suite, Apt. #, etc.
22 City & State Miami, FL.	27 City & State Miami, FL.
23 Zip 33189	25 Country
24 33189	29 33189
25 Country	30 Country

9. Name and Address of Current Registered Agent GUSZCZO, STEVE P. 9320 NAUTILUS DR MIAMI FL 33189		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code FL

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUSZCZO, STEVE		1.2 NAME
STREET ADDRESS 9320 NAUTILUS DRIVE		1.3 STREET ADDRESS
CITY - ST - ZIP MIAMI FL		1.4 CITY - ST - ZIP
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROOKINS, FRANKIE		2.2 NAME
STREET ADDRESS 9321 NAUTILUS DR		2.3 STREET ADDRESS
CITY - ST - ZIP MIAMI FL		2.4 CITY - ST - ZIP
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUSZCZO, LILLIAN		3.2 NAME
STREET ADDRESS 9320 NAUTILUS DR		3.3 STREET ADDRESS
CITY - ST - ZIP MIAMI FL		3.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		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

700002421187
-02/04/98--01058--002
***150.00

Handwritten: 25 2/4/98

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 _____ DATE _____

CR2E034 (10/97)