

**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 # **P94000092392 (7)**

1. Corporation Name

**ORGANICALLY FRESH, INC.**



Principal Place of Business

4814 N.W. 2ND AVENUE  
BOCA RATON FL 33431

Mailing Address

4814 N.W. 2ND AVENUE  
BOCA RATON FL 33431

*New Address?*

2. Principal Place of Business

2a. Mailing Address

21 **21338 St. Andrews Blvd**

27 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

28 City & State

23 **Boca Raton FL**

29 Zip Country

24 **33433** 25

30

3. Date Incorporated or Qualified  
**12/19/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**65-0438322**

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

10. Name and Address of New Registered Agent

**GALAMAGA, JOHN  
4814 N.W. 2ND AVENUE  
BOCA RATON FL 33431**

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

*Emily Strauss*

*John Galamaga*

**5/1/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **D GALAMAGA, JOHN**  
STREET ADDRESS **4814 N.W. 2ND AVENUE**  
CITY - ST - ZIP **BOCA RATON FL 33431**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

*New Address:*  
**21338 St Andrews Blvd  
Boca Raton FL 33433**

TITLE  DELETE  
NAME **D STRAUSS, EMILY**  
STREET ADDRESS **4814 N.W. 2ND AVENUE**  
CITY - ST - ZIP **BOCA RATON FL 33431**

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

*New Address:*  
**Same as above**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Emily Strauss*

*John Galamaga 5/1/96*

**(407) 362-0770**

CR2E034 (12/95)