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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29, 1999 8:00am
Secretary of State

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Corporation Name

FRESH START PRODUCE SALES, INC.

Principal Place of Business	Mailing Address
C/O THOMAS W. JOHNSTON 2335 E. ATLANTIC BLVD., SUITE 301 POMPANO BEACH FL 33062	C/O THOMAS W. JOHNSTON 2335 E. ATLANTIC BLVD., SUITE 301 POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualifed: 07/12/1995	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number: 65-0681725	☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 25	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSTON, THOMAS W
C/O THOMAS W. JOHNSTON
2335 E. ATLANTIC BLVD., SUITE 301
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

1. 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		
TLE	AS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
AME	JOHNSTON, THOMAS W		1.2 NAME		
TREET ADDRESS	2335 EAST ATLANTIC BLVD., SUITE 301		1.3 STREET ADDRESS		
TY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP		
LE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
ME	RUMBLE, JR., THEO		2.2 NAME		
TREET ADDRESS	5353 W. ATLANTIC AVE., #'S 403-404		2.3 STREET ADDRESS		
TY-ST-ZIP	DELRAY BEACH FL 33484		2.4 CITY-ST-ZIP		
TLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
ME	HAYNES, J. NATHAN		3.2 NAME		
TREET ADDRESS	5353 W. ATLANTIC AVE., #'S 403-404		3.3 STREET ADDRESS		
TY-ST-ZIP	DELRAY BEACH FL 33484		3.4 CITY-ST-ZIP		
TLE	DST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
ME	AUSTIN, PETER J		4.2 NAME		
TREET ADDRESS	5353 W. ATLANTIC AVE., #'S 403-404		4.3 STREET ADDRESS		
TY-ST-ZIP	DELRAY BEACH FL 33484		4.4 CITY-ST-ZIP		
TLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
ME			5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
Y-ST-ZIP			5.4 CITY-ST-ZIP		
TLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
ME			6.2 NAME		
TREET ADDRESS			6.3 STREET ADDRESS		
Y-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: Peter Austin SIGNATURE REQUIRED 1/13/99 561-496-7250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #