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**Apr 08 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 # P96000051927 (7)

1. Corporation Name
FLORIDA FRESH HERBS, INC.



Principal Place of Business: **168 ISLE OF VENICE, UNIT 3 FORT LAUDERDALE FL 33301**
Mailing Address: **168 ISLE OF VENICE, UNIT 3 FORT LAUDERDALE FL 33301-1428**

3. Date Incorporated or Qualified: **06/18/1996**
3a. Date of Last Report

2. Principal Place of Business
21 **3100 Flamingo Road**
Suite, Apt #, etc.
22
City & State
23 **DAVIE, FL**
Zip Country
24 **33330** 25 **USA**
2a. Mailing Address
26 **3100 Flamingo Rd.**
Suite, Apt #, etc.
27
City & State
28 **DAVIE, FL**
Zip Country
29 **33330** 30 **USA**

4. FEI Number: **65-0676703**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$6.75 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

**WHITE, JOHN II
1645 PALM BEACH LAKES BOULEVARD
SUITE 1200
WEST PALM BEACH FL 33401**

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

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

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **DEZELL, JAMES R**
STREET ADDRESS **168 ISLE OF VENICE, UNIT 3**
CITY - ST - ZIP **FORT LAUDERDALE FL 33301**
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE Change Addition
1.2 NAME **James R. Dezell**
1.3 STREET ADDRESS **3100 Flamingo Road**
1.4 CITY - ST - ZIP **DAVIE, FL 33330**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97 954 476-7878

Date

Daytime Phone #

CR2E034 (9/96)