FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051927

1. Corporation Name

FLORIDA FRESH HERBS, INC.

Principal Place of Business		Mailing Ad	Mailing Address								
3100 FLAMINGO RD			3100 FLAMINGO RD								
DAVIE FL 33330			DAIVE FL 33330				DO NOT WRITE IN THIS SPACE				
U\$		US	US .			\ \	3. Date Incorporated or Qualifed				
								06/18/1996	<u> </u>		
2. Principal P	lace of Business	2a. Mailing	Address				4	I, FEI Number		}	olied For
21		26						65-0676703			Applicable
Suite, Apt.	#, etc.	├ ─┐	Npt. #, etc.				5	Certifcate of Status Desired		\$8.75 A	
22		27				——			 	<u></u>	
City & State			City & State) 6	 Election Campaign Financing Trust Fund Contribution 	, \square	\$5.00 : Added to	· ·	
23	Country	28 Zin		Cou	ntry						rees
Zip	Country	Zip			iiu y		8	This corporation owes the cu Personal Property Tax.	rrent year inta		⊠ vo
24	25 9. Name and Address of Cur	29	ant	30	1		10). Name and Address of New	Registered A		JA10
	9. Name and Address of Cur	Tellt Kagistered A	Jerik		81	Name		<u>, , , , , , , , , , , , , , , , , , , </u>			
WHI	te, John II										
1645 PALM BEACH LAKES BOULEVARD				82	Street A	Address (ss (P.O. Box Number is Not Acceptable)			,	
SUIT				83							
WES	T PALM BEACH FL 33401								<u> </u>		
•	., .,				84	City			Ei	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					have	named	corporatio	on cultimite this statement for th	a purpose of	changing its	renistered
office or r	registered agent, or both, in the Sta	ate of Florida. Such	change was a	authorized	by i	the corpo	pration's b	board of directors. I hereby acc	ept the appoir	itment as reç	jistered
agent. I a	im familiar with, and accept the ob	ligations of, Section	607.0505, Fk	orida Stat	utes.						
SIGNATURE			(NOT	F: Dociete as	Anna	ainmature FO	navirad who	n reinstating)	DATE		'
12.	Signature, typed or printed name of registered	AND DIRECTORS	. (NO	13.	Ayen	signature re	odulien wileli	ADDITIONS/CHANGES TO O		D DIRECTO	RS IN 12
TITLE	D	7.110 0.112010110	DELETE	1.1 11	TLE			<u></u>		☐ Change	Addition
NAME	DEZELL, JAMES R			1.2 N		į					l
STREET ADDRESS	0400 CLANNINGO DD			l l		ADDRESS					
	DAVIE FL 33330				TY-ST						
CITY-ST-ZIP TITLE	DAVIE TE GOOG		☐ DELETE	2.1 ΤΙ		-211				Change	Addition
				2.2 N		Ì					_
NAME						ADDRESS			•		
STREET ADDRESS					ITY-S'			'			'
TITLE	<u> </u>	 _	☐ ĐELETE	3.1 TI		1-219				Change	Addition
				3.2 N						_ ,	
NAME OTDEET ADDRESS						ADDRESS					
STREET ADDRESS						ADDINESS					
CITY-ST-ZIP TITLE						. 700					l
ı			□ DELETE	3 4. C	ITY-S	T∙ZIP			············	☐ Change	☐ Addition
NAME			☐ DELETE	34. C	ITY-S TLE	T∙ZIP				Change	Addition
STREET ADDRESS			☐ DELETE	34. C 4 1 TI 4. 2 N	ity-s tle ame					Change	☐ Addition
			☐ OELETE	34. C 4 1 TJ 4. 2 N 4.3 S	ITY-S TLE AME TREET	ADDRESS				☐ Change	☐ Addition
CITY-ST-ZIP				34. C 4 1 TI 4. 2 N 4.3 S	ITY-S TLE AME TREET TY-ST	ADDRESS	!				
TITLE			☐ DELETE	34. C 4 1 TI 4. 2 N 4.3 S 4.4 C 5 1 TI	TY-S TLE AME TREET TY-ST	ADDRESS	!			☐ Change	Addition
TITLE NAME				34. C 4 1 TI 4. 2 N 4.3 S 4.4 C 5 1 TI 5.2 N	TY-ST TLE AME TREET TY-ST TLE AME	ADDRESS	!				
TITLE NAME STREET ADDRESS				34. C 4 1 TI 4. 2 N 4.3 S 4.4 C 5 1 TI 5.2 N 5.3 S	TIY-S' TLE TY-S' TLE AME	ADDRESS - ZIP - ADDRESS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	34. C 4 1 TI 4. 2 N 4.3 S 4.4 C 5 1 TI 5.2 N 5.3 S	TY-ST TLE AME TY-ST TLE AME TREET TY-ST	ADDRESS - ZIP - ADDRESS	!			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				34. C 41 TI 4. 2 N 4.3 S' 4.4 Cl 5.1 TI 5.2 N 5.3 S' 5.4 Cl	TILE TREET TY-ST TLE TY-ST TLE TY-ST TLE	ADDRESS - ZIP - ADDRESS	!				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	34. C 41 TI 4. 2 N 4.3 S' 4.4 Cl 51 TI 5.2 N 5.3 S' 5.4 Cl 6.1 TI 6.2 N	TILE AME TREET TY-ST TLE TREET TY-ST TLE TTLE TTLE TTLE	ADDRESS - ZIP - ADDRESS				☐ Change	Addition

14. I hereby certify that the information supplied with this filing does not qualifyfor 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 trystels 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 an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR