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Secretary of State

03-01-1999 90171 009 ***150.00

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
3100 FLAMINGO RD
DAVIE FL 33330
US
Mailing Address
3100 FLAMINGO RD
DAIVE FL 33330
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
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2a. Mailing Address
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3. Date Incorporated or Qualified
06/18/1996
4. FEI Number
65-0676703
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes the current year Intangible
Personal Property Tax.

9. Name and Address of Current Registered Agent
WHITE, JOHN II
1645 PALM BEACH LAKES BOULEVARD
SUITE 1200
WEST PALM BEACH FL 33401

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Row 1: DEZELL, JAMES R, 3100 FLAMINGO RD, DAVIE FL 33330.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Change and Addition. Rows 1.1 through 6.4.

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, with an other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (1/98)