

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**  
 95 MAY 16 AM 8:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **S00729** (1)  
 1. Corporation Name  
**PALM BEACH FOODS, INC.**

Principal Place of Business: 650 BELVEDERE RD, WEST PALM BEACH FL 33405, US  
 Mailing Address: 104 KINGS WAY, WEST PALM BEACH FL 33411, US

2. Principal Place of Business (21-23) and Mailing Address (24-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 09/19/1990  
 3a. Date of Last Report: 04/28/1994  
 4. FEI Number: 65-0218819  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$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  
**HORLAND, JAMES**  
**290 N.W. 165TH STREET, #M-800**  
**MIAMI FL 33169**

10. Name and Address of New Registered Agent (81-85)

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	TITRE, IRVING
STREET ADDRESS	104 KINGS WAY
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	V
NAME	TITRE, SARAH A.
STREET ADDRESS	104 KINGS WAY
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: Sarah A. Titre Sarah A. TITRE 5-1-95 (407) 793-2019  
(Type) (Type) (Print Name)