## 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

## DOCUMENT # P9300060699

1, Corporation Name

EASTERN PRODUCE, INC.

) kir									
Principal Place of Business Mailing Address						[ [\$0]  \$0] tib   0] \$1151 00111 00111 00110 8111 3011	10 BIJIO 11		
8184 STAGECOA BOCA RATON F		8184 STAGECOACH LANE BOCA RATON FL 33496	8184 STAGECOACH LANE				_		
US US							DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed			
la Marilla Adda						08/30/1993 4. FEI Number	Δpr	lied For	
<del>-</del>	ace of Business	2a. Mailing Address				65-0439305	Not Applicable		
21 Suite, Apt. :	# otc		Suite, Apt. #, etc.			_ \$8		dditional	
22	#, etc.	27	27			5. Certificate of Status Desired	ee Req	quired	
City & State	9	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zíp	Country	Zip				8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax. Yes No			
	9. Name and Address of	Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name				
HARMAN, TROY					Street Ac	ddress (P.O. Box Number is Not Acceptable)			
8184 STAGECOACH LANE				82					
BOC	A RATON FL 33496		83			÷			
•				84	City	FI  85	Zip C	ode	
11: Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes-t					inamed.co	progration submits this statement for the purpose of chang	ina its r	egistered	
office or re	egistered agent or both in th	e State of Florida. Such change was e obligations of, Section 607.0505, Fl	authonzed	l hv I	ne corpora	ation's board of directors. I hereby accept the appointment	as regi	istered	
SIGNATURE	Charter transfer printed name of regi	stand event and title if emplicable (NOT	F. Registered	Agent	sionature rea	uired when reinstating) DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist  12. OFFICERS AND DIRECTORS					agnetero roqu	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTOF	RS IN 12	
TITLE			_	1.1 TITLE			hange	Addition	
NAME	HARMAN, TROY		1.2 NAME						
STREET ADDRESS	8184 STAGECOACH LA	NF	1.3 ST		ADDRESS			Į	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP		-ZIP				
TITLE	<u> </u>	☐ DELETE	2.1 TI	2.1 TITLE			hange	Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 S		ADDRESS			l	
CITY-ST-ZIP			2.40	2.4 CITY-ST-ZiP					
TITLE	☐ DELETE 3.		3.1 TI	3.1 TITLE			hange	Addition	
NAME			3.2 NAME					ĺ	
STREET ADDRESS	REET ADDRESS		3.3 STREET ADDRESS		ADDRESS			<i></i> -	
CITY-ST-ZIP				3.4, CITY-ST-ZIP		Пс	hanaa	Addition	
TITLE				4.1 TITLE		Ц	hange	☐ Addition	
NAME			4.2 N					-	
STREET ADDRESS					ADDRESS			,	
CITY-ST-ZIP		DELETE		TY-ST	-ZIP	ПС	hange	Addition	
TITLE	DELETE			5.1 TITLE 5.2 NAME		٥٠	. Ion igo		
NAME					ADDRESS				
STREET ADDRESS				TY-ST					
CITY-ST-ZIP TITLE	<u></u>			.1 TITLE		ПС	hange	Addition	
			6.2 NAME			3	-	_	
NAME			6.3 STREET ADDR		ADDRESS				
STREET ADDRESS	25]			6.4 CITY-ST-ZIP				ĺ	
14. i hereby o	certify that the information sur	oplied with this filing does not qualify f	or the exe	mntic	on stated i	n Section 119.07(3)(i), Florida Statutes. I further certify that	at the in	formation	
indicated	on this annual report or supp director of the corporation or	lomontal appual report is true and acc	curate and execute the	that nis re	my signat port as re	ure shall have the same legal effect as it made under oath quired by Chapter 607. Florida Statutes; and that my nam	າ; ເກສເ ເ າ <mark>ອຸ</mark> appe	am an	

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90076 010 \*\*\*150.00