

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90001 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999 (L)		FLORIDA DEPARTMENT OF STATE <i>Katherine Harris</i> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000073309
 1. Corporation Name
 MATURE'S BEST PRODUCE, U.S.A., INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	8/25/97
4. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This Corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Principal Place of Business		Mailing Address	
3623 LITHIA PINECREST ROAD VAIRICO, FL 33594		3623 LITHIA PINECREST RD.	
21. Principal Place of Business	2a. Mailing Address	22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
VAIRICO, FL 33594	3623 LITHIA PINECREST RD.		
23. City & State	28. City & State	24. Zip	25. Country
VAIRICO, FL	VAIRICO, FL	33594	U.S.A.
29. Country	30. Country		

9. Name and Address of Current Registered Agent	
John W. Holmes 3623 LITHIA PINECREST ROAD VAIRICO, FL 33594	

10. Name and Address of New Registered Agent	
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: *John W. Holmes* *John W. Holmes* 6/11/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PRESIDENT	<input type="checkbox"/>
NAME	John W. Holmes	
STREET ADDRESS	3623 Lithia Pincrest Rd	
CITY-ST-ZIP	VAIRICO, FL 33594	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE: *John W. Holmes* *John W. Holmes* 6/11/99 813-654-2486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)