## 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 # 1. Corporation Name 166491

TROPICANA FRUIT SHIPPERS INC

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90033 009 \*\*\*150.00



					<u> </u>		REI BIBIT 1881
Principal Place	e of Business	Mailing Address					
20335 W. COUNTRY CLUB DR #608 20335 W. COUNTRY CLUB D							
	6. MIAMI. FL 33163	P.O. BOX 630506. MIAMI. FL 33163			,		
N. MIAMI BEACI	H FL 33180	N. MIAMI BEACH FL 33180			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/01/1951	· - 1 1 4	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<del>    '</del>	olied For
21		26			59-0662057		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			3. 00/410010 0. 04410 200100	. Fee Re	quired
City & State		City & State		6 Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added to	o Fees	
Zip	Country .	Zip	Count	try	<ol><li>This corporation owes the current y</li></ol>		_
24	25 29 30		30	7179	Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Regis	tered Agent	
	THE STATE OF THE S		8	Name			
	N, VIVIENNE A.			32 Street Add	Iress (P.O. Box Number is Not Acceptable)		
2033	5 W COUNTRY CLUB DR ARE	,	['	Sileet Add	less (F.O. Dox Hamber is Not Acceptable)		
SUIT	E 608 (		18	33	[发达] 张光明, 14. 16. 16. 16.	(据)在11年時期	排成 核
N MI	AMI BEACH FL 33180		L			· 學術學的數學	14 1 14 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1
•	•	the second	.  8	34 City	5 7 9 2 15 75 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FI 85 Zip C	ode ' '-'
Andrew St. Dr. Land	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statute	s the abo	ve-named con	poration submits this statement for the purp	ose of changing its	registered
office or n	egistered agent, or both, in the State of	of Florida. Such change was at	thorized t	by the corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	appointment as req	gistered
N Nagent I a	m familiar with, and accept the obligati	ions of, Section 607.0505; Flor	ida Statut	es.		e e	
SIGNATURE						ATE	
<u> </u>	Signature, typed or printed name of registered agent		<u> </u>	gent signature require	ADDITIONS/CHANGES TO OFFICE		PS IN 12
12.	OFFICERS AND	DELETE	13.			☐ Change	Addition
TITLE	S SINGE BUBBLE			1		. 🗀	_
NAME	LYNNE, RUBIN		1.2 NAM	1			
STREET ADDRESS	1470 NE 123RD ST		I.	EET ADDRESS		•	
CITY-ST-ZIP	N. MIAMI FL	•	1.4 CITY	'-ST-ZIP	·		
TITLE	PT					□ Changa	Addition
NAME	,	☐ DELETE	2.1 TITL	E	-	Change	Addition
	RUBIN, VIVIENNE A.	☐ DELETE	2.1 TITU 2.2 NAM			Change	Addition
STREET ADDRESS	RUBIN, VIVIENNE A. 20335 W COUNTRY CLUB 608	☐ DELETE	2.2 NAM			Change	Addition
		. · · =	2.2 NAM 2.3 STR	E			
STREET ADDRESS	20335 W COUNTRY CLUB 608	☐ DELETE	2.2 NAM 2.3 STR	EET ADDRESS Y-ST-ZIP		Change	Addition
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.