

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90172 049 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 241803

1. Corporation Name  
CARNIVAL FRUIT COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 475 NE 185TH ST. NORTH MIAMI BEACH FL 33179		Mailing Address 4721 SIMONTON ROAD C/O BERNADETTE KRUK DALLAS TX 75244 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 15305 DALLAS PARKWAY Suite, Apt. #, etc. 27 SUITE 1010; ATTN: STACY KOHN City & State 28 DALLAS TX Zip 29 75248 Country 30 USA	
3. Date Incorporated or Qualified 11/07/1960		4. FEI Number 59-0912477	
5. Certificate of Status Desired \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. Yes No		8. This corporation owes the current year Intangible Personal Property Tax. Yes No	

9. Name and Address of Current Registered Agent SPRITZ, ALLEN H 475 NE 185TH ST. 8801 EXCHANGE DR. N MIAMI FL 33179		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	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALAN H. SPRITZ 475 N.E. 185TH ST N. MIAMI BCH FL 33179	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, MITT 4721 SIMONTON RD DALLAS TX 74244	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KRUK, BERNADETTE M 4721 SIMONTON RD DALLAS TX 75244	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RICHARD 7380 SAND LAKE ROAD ORLANDO FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD STRUGEON, BRIAN 4721 SIMONTON RD DALLAS TX 75244	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MCCLENDON, MARK 16 FOREST PKWY BLDG H FOREST PARK GA 30297	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bernadette M. Kruk SIGNATURE REQUIRED  
4/14/99 977-392-8100  
Date Daytime Phone #

CR2E034 (11/98)