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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 376429

1. Corporation Name

Principal Pace of Business	FLUHIDA	TOOD PRODUCERS, INC.							
P. O BOX 4282	Principal Place	e of Business	Mailing Address			I SMISM ING SERVE GIVIN GERRA LIBER IREN ON	911 8:811 91911 9	(815 919)( 8121) (89)	
PRINCEION FL. 30002 US  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 2/2/01/1971 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 2/2/01/1971 2. Suife, Apt. #, etc. 2. Suife, Apt. #, etc. 3. Country 4. Election Camping Finenate 4. Election Camping Finenate 4. Election Camping Finenate 4. Election Camping Finenate 4. Suife Country 4. Ref Fine Required 5. Country 5. Outriet 5. Country 6. Election Camping Finenate 6. Election Camping Finenate 7. Note Suife Country 8. This corporation owes the current year intengible 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607 0502 and 607 0505. Florids Statutas, the above-named corporation submits this statisment for the Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 0505. Florids Statutas, the above-named corporation submits this statisment for the appointment as registered Agent 12. OFFICERS AND DIRECTORS 13. AdDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIREC	25400 SW 139TH AVE PO BOX 924282								
2. Date Incorporated or Qualified   D2/01/1971	-					DO NOT MOTE IN T	JIE EDACE		
2, Principal Place of Business   2a, Mailing Address   3c, Mailing Address   4, FFI humber   1, Applied For   1,						1			
2.   Principal Place of Business   2a	US					·		Į.	
Sulfu, Apt. #, etc.    Sulfu, Apt. #, etc.   Sulfu, Apt. #, etc.   S. Cartifacte of Status Dosired   S. 7.5 Apdicional Fee Required   City & State   Cay & State   Cay & State   Cay & State   S. Cartifacte of Status Dosired   S. 7.5 Apdicional Fee Required   City & State   Cay & State   Cay & State   S. Control   S. 7.5 Apdicional Fee Required   City & State   Cay & State   Cay & State   S. Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   S. This corporation owes the current year Intangible   Fees and Address of Current Registered Agent   S. Control   S. Name and Address of Current Registered Agent   S. Control   S. Name and Address of Current Registered Agent   S. Control   S. Name and Address of Current Registered Agent   S. Control   S. Name and Address of Current Registered Agent   S. Control   S. Name   S. Nam		(2)	a Mailing Address					Applied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	——————————————————————————————————————								
Schedule   Status   Schedule   Status   Schedule   Sc		L					\$8.7		
City & State   City & State   28						5. Certifcate of Status Desired	*		
28   Zip Country   Zip Country   Zip Country   Zip Country   S. This corporation west file current year intamplate   Personal Property Tax.   ZiP to   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   22   Sireet Address (P.O. Box Number is Not Acceptable)   22   Sireet Address (P.O. Box Number is Not Acceptable)   23   Sireet Address (P.O. Box Number is Not Acceptable)   24   City   Lip to   Sireet Address (P.O. Box Number is Not Acceptable)   25   Sireet Address (P.O. Box Number is Not Acceptable)   25   Sireet Address (P.O. Box Number is Not Acceptable)   26   Sireet Address (P.O. Box Number is Not Acceptable)   26   Sireet Address (P.O. Box Number is Not Acceptable)   26   Sireet Address (P.O. Box Number is Not Acceptable)   26   Sireet Address (P.O. Box Number is Not Acceptable)   26   Sireet Address (P.O. Box Number is Not Acceptable)   26   Sireet Address (P.O. Box Number is Not Acceptable)   27   Sireet Address (P.O. Box Number is Not Acceptable)   27   Sireet Address (P.O. Box Number is Not Acceptable)   27   Sireet Address (P.O. Box Number is Not Acceptable)   28   Zip Code   27   Sireet Address (P.O. Box Number is Not Acceptable)   28   Zip Code   28   Zip						6 Election Campaign Financing —	\$5.	00 May Be	
Zip	_		<b>⊢</b> , '			1	•	- 1	
25   28   29   30   Personal Property Tax.   Effect   No		Country		Country	'	8. This corporation owes the current year	Intangible	-1	
JONES, SHARON S.  3228 KNINCY TRE ISON TRIVOY.  33134  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 agent. and accept the obligations of, Section 607 0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In the State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the State of Floridas. I		25 29 30				Personal Property Tax.	Yes	□No	
JONES, SHARON S.  2220 RONCE DE LEON CORAL GABLES, FL 33134  11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its 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, 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 and minifer with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or privated varies of registered agent and tills if applicable.  VST OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME CRAWFORD, GALE S TREET ADDRESS 13. TREET ADDRESS 14. ADTRITUTE  ORAMFORD, GALE S TREET ADDRESS 14. ADTRITUTE  PD OBLETE 21. TILE  OChange Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CTV. 51.2P  PD OBLOX 924282 N/A  HOMESTEAD FL  14. TILE  DELETE 31. TILE  Change Addition			t Registered Agent			10. Name and Address of New Register	ed Agent		
22   Street Address (P.O. Box Number is Not Acceptable)   Sa   Street Address (P.O. Box Number is Not Acceptable)				81	Name			ł	
ABOUT CORAL GARLES, FL 33134  11. Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and text if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  STREET ADDRESS  12. NAME  13. STREET ADDRESS  12. NAME  13. STREET ADDRESS  14. OTTY ST. ZP  14. OTTY ST. ZP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS  14. OTTY ST. ZP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. OFFICERS AND DIRECTORS IN 12  17. NAME  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. OFFICER					Street Addr	ress (P.O. Box Number is Not Acceptable)	·	-	
33134    Bat   City   FL   Ss   Zip Code	X229	CRONCE DE MEON DEWOX 30		on 🗀		,			
41. 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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, lipped or printed name of negatiered agent and title if injunctable.  (MOTE Registered Agent signature required when relinable)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VST  CRAWFORD, GALE S  12 NAME  13. STREET ADDRESS  CITY-ST-ZIP  HOMESTEAD FL  14.GITY-ST-ZIP  PD  DELETE  11.TITLE  D Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRE			bl	vd 83		•			
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 diffice 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE   VST	3313	14		9.4	City		85	Zin Code	
office or registered agent, or both, in the State of Flonds. Such nange was authorized by the corporation's board of director's. Triefledy student deput and any any and accept the obligations of, Section 807:0505; Florids Statutes.  SIGNATURE    12					'	-	-L		
SIGNATURE   Signalure, typod or printed names of registered agent and little if applicable. (NOTE Registered Agent required when reinstalling)   DATE	office or registered agent, or both is the State of Florida, Stich change was authorized by the composation's poard of directors. I fleteby accept the appointment as registered								
12	SIGNATURE								
TITLE V\$T					nt signature require			CTODS IN 12	
NAME   CRAWFORD, GALE S   12 NAME     13 STREET ADDRESS     12 NAME     13 STREET ADDRESS						ADDITIONS/CHANGES TO OFFICERS			
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CITY-ST-ZIP		-			TADODECC				
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STREET ADDRESS	l i	_				•	_	· –	
CITY-ST-ZIP					TADDESS				
TITLE									
NAME   CRAWFORD, GALE S.   4.2 NAME     4.3 STREET ADDRESS   PO BOX 924282 N/A   4.4 CITY-ST-ZIP					5)- ZIF		· [] Chai	nge	
STREET ADDRESS							***	_	
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NAME		HOMEOTERDIE	☐ DELETE		1 - 20		Cha	nge Addition	
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CA OTHERT ADDRESS	(		_	6.2 NAME					
	STREET ADDRESS			6.3 STREE	T ADDRESS				

6.4 CITY-ST-ZIP 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 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, profile a darkingent with an address with all other like empowered.

**SIGNATURE:**