

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **431342** (5)

1. Corporation Name
CAREFREE FOOD ENTERPRISES INC



Principal Place of Business: **1901 MASON AVE. STE.110 DAYTONA BEACH FL 32117 US**
Mailing Address: **1901 MASON AVE. STE. 110 DAYTONA BEACH FL 32117 US**

3. Date Incorporated or Qualified: **07/24/1973**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **555 West Granada Blvd B-3 Ormond Bch Fl 32174 Volusia**
2a. Mailing Address: **555 West Granada Blvd B-3 Ormond Bch Fl 32174 Volusia**
4. FEI Number: **59-1478724**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **FREIDUS, ELIAS, JR. 775 FENTRESS BLVD. DAYTONA BEACH FL 32014**
10. Name and Address of New Registered Agent: **555 West Granada Blvd B-3 Ormond Bch FL 32174**

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: _____ DATE: _____
Signature: 607.0505(1) Florida Statutes; Registered Agent signature required when registering. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIDUS, ELIAS, JR.	1.2 NAME	
STREET ADDRESS	1901 MASON AVE. #110	1.3 STREET ADDRESS	555 West Granada Blvd B-3
CITY - ST - ZIP	DAYTONA BEACH FL	1.4 CITY - ST - ZIP	Ormond Bch Fl 32174
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARREY, HOWARD	2.2 NAME	
STREET ADDRESS	1901 MASON AVE. #110	2.3 STREET ADDRESS	555 West Granada Blvd B-3
CITY - ST - ZIP	DAYTONA BEACH FL	2.4 CITY - ST - ZIP	Ormond Bch Fl 32174
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: **4-15-96** TELEPHONE: **904-673-9711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)