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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90024 014 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 439752

STREET ADDRESS

TWIN ROSE PRODUCE CORP

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Principal Place of Business			· ·						
100 0.00. 12177 1142.			S.W. 12TH AVE. TE 440						
SUITE 440 POMPANO BEACH FL 33069			POMPANO BEACH FL 33069				DO NOT WRITE IN THIS SPACE		
US	,	US					<ol><li>Date Incorporated or Qualifed</li></ol>		
		*					11/13/1973		
2. Principal Pl	lace of Business	2a.	Mailing Address			•	4. FEI Number	Apr	olied For
21		26					59-1563361	, Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22		27					5. Certificate of Clares Scotlog	Fee Rec	quired
City & State	e		City & State				6. Election Campaign Financing	\$5.00	
23		28					Trust Fund Contribution	Added to	Fees
Zip	Country		Zip	Cou	intry		8. This corporation owes the curren		_ 1
24	25	29		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Reg	gistered Agent	
**					81	Name			
	NARD ROSENBERG				82	Street Add	fress (P.O. Box Number is Not Acceptabl	<u></u>	
150 S.W. 12TH AVE., SUITE 440						Ollest Add	BY A COUNTY OF THE PROSPERSORY		
POM	IPANO BCH. FL 33069				83		2	通過 海洋 选过	問節題
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·#					84	City		FL 85 Zip C	,oue
is a Directiont	to the provisions of Sections 607.05	02 and 6	07 1508 Florida Statut	tes the a	bove-	-named cor	poration submits this statement for the pu	rpose of changing its	registered
office or r	radictared agent of both in the State	POTEION	na isuen enanu <del>u</del> was a	101101120	นบขน	I IC COI POTAL	tion's board of directors. I hereby accept	he appointment as reg	gistered
agent. I a	m familiar with, and accept the oblig	ations of	, Section 607.0505, Fig	orida Stal	utes.				
SIGNATURE		-	·		1 4 1		red when reinstating)	DATE	—— j
<u> </u>	Signature, typed or printed name of registered ag			13.	Agent	signature requii	ADDITIONS/CHANGES TO OFFIC		DS IN 12
12.		NO DIKE							
TITLE	l Din				ITI F		ADDITIONOS ILANGES 10 CITA	- Change	Addition
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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.

6.4 CITY-ST-ZIP