 Name of Limited Partnership UNPURE, LTD. Address 800 SUNPURE ROAD LIVON PARK FL 33825-9572 Malling Address Suite, Apt. #, etc. City & State Zip Country 	1a, DOCUMEN A26155 Principal Office Address 1600 SUNPURE ROAD AVON PARK FL 33825-9572 2a. Principal Office Address Suite, Apt. #, etc.	VT #		2 AM 8: 37 5a. Capital Contributions as Shown on record. \$2,779,000.00 5b. Amount of Capital Contributions in FLORIDA
talling Address 600 SUNPURE ROAD WON PARK FL 33825-9572 2. Malling Address Suite, Apt. #, etc. City & State	1600 SUNPURE ROAD AVON PARK FL 33825-9572 28. Principal Office Address Suite, Apt. #, etc.		3, Date Formed or Registered 03/24/1988 3a. Date of Last Report 01/03/1997	 5a. Capital Contributions as Shown on record. \$2,779,000.00 5b. Amount of Capital Contributions in H ORIDA
600 SUNPURE ROAD IVON PARK FL 33825-9572 2. Malling Address Suite, Apt. #, etc. City & State	1600 SUNPURE ROAD AVON PARK FL 33825-9572 28. Principal Office Address Suite, Apt. #, etc.		03/24/1988 3a. Date of Last Report 01/03/1997	\$2,779,000.00
VON PARK FL 33825-9572 2. Malling Address Suite, Apt. #, etc. City & State	AVON PARK FL 33825-9572 28. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 01/03/1997	5b. Amount of Capital Contributions in FLORiDA
2. Malling Address Suite, Apt. #, etc. City & State	28. Principal Office Address Suite, Apt. #, etc.		01/03/1997	5b. Amount of Capital Contributions in FLORiDA
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.			5b. Amount of Capital Contributions in FLORiDA
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.		4. State or Country of Formation	
City & State		<u> </u>		
City & State			6. FEI Number	\$2,779,000,00
·			- 59-2886374	Applied For
Zip Country	City & State		7. Certificate of Status Desired	\$8.75 Additional
	Zip Col	untry	8. Make check payable to: Depl. of	Fee Required State (See reverse side for lee informatio
	C	Dity		FL Zip Code
10a. Pursuant to the provisions of sections 620, 1051 and for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT I MUST	egistered agent, or both, in the State of Fiorida of section 620.192, Florida Statules.	Such change was a	DATE	bby accept the appointment of registered
11. Name(s) of General Partner(s)	Address of Each General Par (Do NOT Use Post Office Box Nu	ther 11b.	City, State & Zip Code	11c. Registration/ Document Number
SUNPURE PRODUCTS, INC.	1600 SUNPURE RD.	AV	ON PARK FL.	K00323
TODD JUICE PRODUCTS, INC.	1711 DOUGLAS AVENUE (ALAMAZOO MI 49005	F9200000008
			5000023 -12/17/ ****54	9756757 9701105026 1.25 ****\$41.25
				KWM
	/			
Corporations from any liability of hon-compliance with the this annual report is true and accurate and that my sign empowered to execute this report as required by charactering the secure this report as required by charactering the secure the secure the secure the secure secure the secure the secure secure the secure s	Section 119.07(3)(k) in the event that the inform nature shall have the same legal effects as if ma	alion supplied is de	conied exempt from public access. I furth (ther certily that I am a General Partner of	er certify that the information indicated or the limited partnership, receiver or truste
 I do hereby certify that the information supplied with this Corporations from any liability of Agn-compliance with the this annual report is true and accurate and the my sign 	is filing is voluntarily lumished and does not qua section 19.07(3)(k) in the event that the inform nature shall have the same legal offects as if ma	alify for the exemption alion supplied is de	on stated in Section 119.07(3)(k), Florida conied exempt from public access. I furth	Statutes. Frelease the Division of er certify that the information indicat the limited partnership, receiver or