

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # **F07131**

1. Corporation Name

UNITED AMERICAN FOOD PROCESSORS OF FLORIDA, INC.

Principal Place of Business

**1133 53RD COURT N.
MANGONIA PARK FL 33407**

Mailing Address

**1133 53RD COURT N.
MANGONIA PARK FL 33407**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**RUBIN, AMY S.
777 S. FLAGLER, SUITE 202
WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	KOHN, RONALD S.	
STREET ADDRESS	1133 53RD COURT N.	
CITY-ST-ZIP	MANGONIA PARK FL	
TITLE	V	[] DELETE
NAME	KOHN, ROBERT	
STREET ADDRESS	1133 53RD COURT N.	
CITY-ST-ZIP	MANGONIA PARK FL	
TITLE	S	[] DELETE
NAME	KOHN, AMY S.	
STREET ADDRESS	1133 53RD COURT N.	
CITY-ST-ZIP	MANGONIA PARK FL	
TITLE	T	[] DELETE
NAME	KOHN, IRENE	
STREET ADDRESS	1133 53RD COURT N.	
CITY-ST-ZIP	MANGONIA PARK FL	
TITLE	D	[] DELETE
NAME	KOHN, ROBERT	
STREET ADDRESS	1133 53RD COURT N.	
CITY-ST-ZIP	MANGONIA PARK FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

*****3000.00 *****150.00

-03/12/99--01010--008

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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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 561-844-6444
Date Daytime Phone #

FILED

99 MAR -8 PM 4: 05

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1980

4. FEI Number

59-2044612

Applied For
Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution []\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of Now Registered Agent