

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

CORPORATION
ANNUAL REPORT
1995



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

-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:02

DOCUMENT # **G20420 (7)**

1. Corporation Name
JUICE FARMS, INC.

Principal Place of Business Mailing Address
3911 N. HWY. 19A MOUNT DORA FL 32757 **P. O. DRAWER 1368 MOUNT DORA FL 32757 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/25/1983** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-2253627** Applied For Not Applicable
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. 109.032, Florida Statutes Yes No

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 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**LUBRANO, ANDREW J.
201 E. KENNEDY BLVD., STE 1711
TAMPA FL 33602**

10. Name and Address of New Registered Agent
b1 Name
b2 Street Address (P.O. Box Number is Not Acceptable)
b3
b4 City **FL** b5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title as applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SCHLEIFER, HARRY
STREET ADDRESS	LEINPFAD 22
CITY-ST-ZIP	D-2000 HAMBURG 60
TITLE	P
NAME	SEABROOK, J. ELLIOTT
STREET ADDRESS	3911 N. HWY. 19A
CITY-ST-ZIP	MT DORA FL
TITLE	ST
NAME	HELMS, DENNIS J.
STREET ADDRESS	3911 N. HWY. 19A
CITY-ST-ZIP	MT DORA FL
TITLE	AS
NAME	CARPENTER, KENNETH W.
STREET ADDRESS	3911 N. HWY. 19A
CITY-ST-ZIP	MT. DORA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHLEIFER, HARRY
1.3 STREET ADDRESS	STADTDEICH #3
1.4 CITY-ST-ZIP	20097 Hamburg, Germany
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE: *Dennis J. Helms* **Dennis J. Helms, Secretary/Treasurer** **1/9/95** **(904) 383-2500**