

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

FILED

**Feb 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G20420 (7)
1. Corporation Name
JUICE FARMS, INC.



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

3. Date Incorporated or Qualified: **01/25/1983**
3a. Date of Last Report: **07/09/1996**
4. FEI Number: **59-2263627**
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

2. Principal Place of Business: **21 Suite 3**
22 City & State: **23**
24 Zip: **25** Country: **26**
2a. Mailing Address: **27 Suite, Apt. #, etc.**
28 City & State: **29**
30 Zip: **32756-1368** Country: **30**

9. Name and Address of Current Registered Agent
**LUBRANO, ANDREW J.
201 E. KENNEDY BLVD., STE 1711
TAMPA FL 33802**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEIFER, HARRY	1.2 NAME	
STREET ADDRESS	STADTDEICH #3	1.3 STREET ADDRESS	
CITY-ST-ZIP	20097 HAMBURG GE	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEABROOK, J. ELLIOTT	2.2 NAME	
STREET ADDRESS	3911 N. HWY. 19A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, DENNIS J.	3.2 NAME	
STREET ADDRESS	3911 N. HWY. 19A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, KENNETH W.	4.2 NAME	
STREET ADDRESS	3911 N. HWY. 19A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *Dennis J. Helms*
Dennis J. Helms, Secretary/Treasurer

January 29, 1997 (352)383-2500

CR2E034 (9/96)