

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90014 025 ***150.00

0166335

DOCUMENT # H29945

1. Corporation Name
EASTERN POTATO DEALERS, INC.

Principal Place of Business
1255 W. ATLANTIC BLVD.
SUITE 22
POMPANO BEACH FL 33069

Mailing Address
1255 W. ATLANTIC BLVD.
SUITE 22
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1984

4. FEI Number

59-2466334

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ZAHLER, MORTON
1255 W. ATLANTIC BLVD.
SUITE 22
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

Jo Ann Zahler

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

1255 W. Atlantic Blvd

83

Suite 22

84

Pompano Beach

FL

85

Zip Code

33069

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

Jo Ann Zahler
Signature typed or printed name of registered agent and title if applicable.

Jo Ann Zahler Treasurer

1/4/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ZAHLER, MORTON
STREET ADDRESS 500 S. OCEAN BLVD. #908
CITY-ST-ZIP BOCA RATON FL 33432

TITLE T
NAME ZAHLER, JO ANN
STREET ADDRESS 500 S. OCEAN BLVD. #908
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VP
NAME ZAHLER, KENNETH
STREET ADDRESS 123 MAPLE AVE.
CITY-ST-ZIP RIVERHEAD NY 11901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Jo Ann Zahler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

954 941 2099

Daytime Phone #

CR2E034 (11/98)