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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H51

H51333

(3)

Mailing Address

F M JUICE, INC.

Principal Place of Business

FILED Apr 10 1997 8:00am Secretary of State



250 KING OF PRUSSIA ROAD RADNOR PA 19087		250 KING OF PRUSSIA H RADNOR PA 19087-5220	250 KING OF PRUSSIA HOAD RADNOR PA 19087-5220					
					3. Date Incorporated or Qualified 04/09/1985		of Last R	eport
2. Principal l	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Ar	plied For
26			. 4		23-2343983	<del> </del>	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	City & State City & St				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζιρ <b>24</b> }	Country 25	Zip <b>29</b>	Coun	try		] Yes 🔣	No	. 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered A	gent	
	CORPORATION SYSTEM		١	Name				
	1200 S. PINE ISLAND ROAD PLANTATION FL 33324				dress (P.O. Box Number is Not Acceptable)			
			8	13				
			8	City		FL	<b>85</b> Zip	Code
11. Pursuan	I to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the abo	ve-named cor	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of o	hanging it	s registered
agent.	registered agent, or both, in the sta am familiar with, and accept the obl	ligations of, Section 607.0505, F	orida Statu	by the corpora les.	ation's board of directors. Thereby accep	or the appo	munent as	registered
SIGNATURE								
	Signature hypertics proved name of registered in			agent signature requ	uired when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS  DELETE	13. 1.1 TUTL	- 1	ADDITIONS/CHANGES TO OFFIC		Change	S IN 12 Addition
TOLE	MULLIN, ARTHUR W			+	L CIR		Change	L.J Addition
NAME STREET ADDRESS	ARA MINO OF DOUGGIA DO		1.2 NAN					
STREET ADDRESS OUTY - ST - ZIP	RADNOR PA 19087			EET ADDRESS				
1616 1616	S	DELETE	2.1 TITL	r-ST-Z)P			Change	Addition
NAME	BIXLER, ROBERT	<b></b>	2.2 NAN	i		-		
S18EF1 ADDR:SS	ACA KINO OF DOUGOIA DO	AD		EET ADDRESS				
CITY-ST-ZIP	RADNOR PA 19087			Y-S1-ZIP				
TITLE	VD	DELETE	3.1 TITL	<del></del>			Change	Addition
NAME	TAYLOR, WILLIAM S		3.2 NAN	NE				
STREET ADDRESS		1	3.3 \$TR	EET ADDRESS				
C TY-S1-ZiP	RADNOR PA 19087		3.4 CIT	Y-ST-ZIP				
TITLE	VD	DELETE	4.1 TITL	E			Change	Addition
NAME	KELICAN, JAMES W		4. 2 NA	ME				
STREET ADDRESS			4.3 STR	EET ADDRESS				
C-TY-ST-ZIP	RADNOR PA 19087		4.4 CITY	-ST-ZIP				
11*LE	AS	☐ DELETE	5.1 TITL	E			Change	Addition
NAME	TAMASITIS, MARGARET		5.2 NAN	1E				
STREET ADDRESS		•	5.3 STR	EET ADDRESS				
CHT+S*-ZIP	RADNOR PA 19087			-ST-ZIP				
1111.6		DELETE	6.1 TiTL			[	Change	Addition Addition
NAME			6.2 NAN	1E				
STREET ADDRESS	i		6.3 STR	EET ADDRESS				
011Y - ST - 7IP			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:

SIGNATURE AFO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

(46)964-7233