

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J23367** (2)

1. Corporation Name:
VEG-SALES, INC.

Principal Place of Business: **20245 BACK NINE DR. BOCA RATON FL 33498**
Mailing Address: **20245 BACK NINE DR. BOCA RATON FL 33498**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/10/1986**
3a. Date of Last Report: **04/19/1994**

21. Principal Place of Business: [Blank]
26. Mailing Address: [Blank]

22. State, Apt. #, etc.: [Blank]
27. State, Apt. #, etc.: [Blank]

23. City & State: [Blank]
28. City & State: [Blank]

24. ZIP: [Blank] 25. Country: [Blank] 29. ZIP: [Blank] 30. Country: [Blank]

4. FEI Number: **59-2723261**
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 ad valorem tax under S 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**SHIELD, HELEN B.
20245 BACK NINE DRIVE
SUITE 380
BOCA RATON FL 33498**

81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Applicable): [Blank]
83 [Blank]
84 City: [Blank] 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.01(5)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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 responsibilities of Sections 607.01(5)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
OFFICER	DP SHIELD, HELEN 20245 BACK NINE DRIVE BOCA RATON FL
NAME	
STREET ADDRESS	
CITY, STATE	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am qualified to file this report under the provisions of Section 607.01(5)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report or true and accurate and that my signature shall have the same legal effect as if made in person. I understand that any person who signs this report or supplemental report or true and accurate and who is not the registered agent or officer of the corporation is liable for the provisions of Section 607.01(5)(b), Florida Statutes, and that my signature on this report or supplemental report or true and accurate and is not bound with an address.

SIGNATURE: Helen Shield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 BW-946-4400