

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K74194** (7)

1. Corporation Name

FARM FRESH PRODUCE INC.



Principal Place of Business

**1300 STIRLING ROAD
3B
DANIA FL 33004
US**

Mailing Address

**8236 NW 9TH COURT
PLANTATION FL 33324
US**

3. Date Incorporated or Qualified

03/21/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

3505 W ATLANTIC BLVD

Suite, Apt. #, etc.

27

514

City & State

28

DON PHILIP BELL FL

Zip

Country

29

33069

30

BELOWED

4. FBI Number

65-0142450

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. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**HENSCHEL, ANDREW
% HENSCHEL & HENSCHEL, P.A.
1880 NE 103RD STREET, SUITE 202
N. MIAMI BEACH FL 33162**

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 607.0532 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

Signature typed or printed name of registered agent and then applicable

Date of Registered Agent Signature required when filing this

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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NAME

STREET ADDRESS

CITY - ST - ZIP

13.

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

6.5 TITLE

6.6 NAME

6.7 STREET ADDRESS

6.8 CITY - ST - ZIP

6.9 TITLE

6.10 NAME

6.11 STREET ADDRESS

6.12 CITY - ST - ZIP

6.13 TITLE

6.14 NAME

6.15 STREET ADDRESS

6.16 CITY - ST - ZIP

6.17 TITLE

6.18 NAME

6.19 STREET ADDRESS

6.20 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Change

☐ Addition

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☐ Addition

☐ Change

☐ Addition

SIGNATURE:

ERNEST SLAVIS

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1996

954 922 5484

Daytime Phone #

CR2E034 (12/95)