

FILE NOW: FILING FEE AFTER MAY 1 IS \$55

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT
Sandra B. Mor
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M01266** (9)
1. Corporation Name:
FRUIT AND JUICE BAR OF STRAWBERRY FIELDS, INC.



Principal Place of Business: **% LARY J. BUDNICK
1316 MADISON ST
HOLLYWOOD FL 33019**
Mailing Address: **% LARY J. BUDNICK
1316 MADISON ST
HOLLYWOOD FL 33019-1820**

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

3. Date Incorporated or Qualified: **06/04/1984** 3a. Date of Last Report: **01/25/1996**
4. FEI Number: **59-2760350**
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
10. Name and Address of New Registered Agent

**BUDNICK, LARY J.
1316 MADISON ST
HOLLYWOOD FL 33019**

1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3.
4. 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: *[Signature]* DATE: **1/3/97**

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	BUDNICK, LARY	
STREET ADDRESS	1316 MADISON ST.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP ☐ Change ☐ Addition
5. TITLE
6. NAME
7. STREET ADDRESS
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95. STREET ADDRESS
96. CITY - ST - ZIP ☐ Change ☐ Addition
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY - ST - ZIP ☐ Change ☐ Addition

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 file 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]* LARY J. BUDNICK 1/3/97 (950) 923-9873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #
0126001

CR2E034 (9/96)