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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # M07995 H & S JUICE, INC. Principal Place of Business Mailing Address C/O ROBERT D. SCHARF 4931 N.W. 82 AVE. C/O ROBERT D. SCHARF 4931 N.W. 82 AVE. LAUDERHILL FL 33351 LAUDERHILL FL 33351-5678

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							٠	Γ	 Date Incorporated or Qualified 11/20/1984 		te of Lest 29/1996		
2. Principal Place of Business 2a. Mailing Address									4. FEI Number	44/4		Applied For	
21			26	—					35-0261665			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.												Additional	
22 27								_ ·	5. Certificate of Status Desired			Required	
City & State City & State									6. Election Campaign Financing		\$5.00	D May Be	
23 • 28									Trust Fund Contribution			to Fees	
Zip	Country Zip Cou				ntry			8. This corporation has liability for	intangible	tax under	s. 199.032,		
24 25 29 30										Yes 🎤			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent													
SCHARF, ROBERT D.						81 Name							
3111 UNIVERSITY DR.,#418						82	Street	Address	(P.O. Box Number is Not Accepta	ble)			
SUITE 405						83		· · · · · · · · · · · · · · · · · · ·					
CORAL SPRINGS FL 33065						63							
					Ī	84	City			FL	85 Zip	Code	
11. Pursuant	to the provis	ions of Sections 60	17 0502 and 607 1508	Florida Statut	es the eh	I	named	corpora	tion submits this statement for the		<u> </u>	tta rapiatorad	
office or r	egistered ag	ent or both in the	State of Florida, Such	change was	authorized	ydik	the corp	poration's	tion submits this statement for the s board of directors. I hereby acce	pt the app	changing pintment a	s registered	
	m ramihar wi	ın, and accept the	obligations of, Section	607.0505, FR	orida Stati	utes	3.					İ	
SIGNATURE	Signature, Typed	or printed name of registr	ered agent and title if applicable	(NOT	F: Recistered	Age	nt sinnature	remired w	hen reinstating)	DATE	······································	·	
12.		·	IS AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
THILE	PD			DELETE	1.1 TIT	LE					Change		
BAME HUSSLEIN, HOWARD					1.2 NA	1.2 NAME							
STREET ADDRESS 4931 N.W. 82ND AVE.					1.3 \$11	1.3 STREET ADDRESS							
CITY-ST-ZIP	I AUDEDLIKE EL					Y-\$1	T-ZIP						
TITLE						ŁΕ		· Change			Addition		
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CITY ST ZIF	LAUSTON III FI					TY-S	T-ZIP						
TITLE						LE	+				Change	Addition	
NAME					3.2 NA	ME							
STREET ADDRESS	ess es				3.3 ST	REET.	ADDRESS			•			
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TITLE	☐ DELETE 4.1				4.1 BT	LE					Change	Addition	
NAME	4.)				4. 2 NA	ME							
STREET ADDRESS	4.3 8				4.3 STF	REET.	address						
CITY - ST - ZIP					4.4 CIT	Y-\$1	T- ZIP						
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NAME	5.2 N				5.2 NAI	ME					∇L	13/7	
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C:TY · ST · ZIP					5.4 CIT		1- ZIP		<u> </u>	U 7	<u> </u>	/ ()	
Thre			Į.	DELETE	6.1 TIT	LE	ļ		400000		Change	Addition	
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STREET ADDRESS					6.3 STF	6.3 STREET ADDRESS			###4CE UU 	1004	. 1		
CHTY - ST - ZIP	. ZIP					Y-\$1	I-ZIP	 	***105.UU				

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