

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

FILED

Mar 25 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # M18905 (3)

1. Corporation Name
ITALIAN ROSE GARLIC PRODUCTS INC.

Principal Place of Business
**1748-5 AUSTRALIAN AVE.
RIVIERA BEACH FL 33404**

Mailing Address
**1748-5 AUSTRALIAN AVE.
RIVIERA BEACH FL 33404-5302**



3. Date Incorporated or Qualified 08/05/1985	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2592505	Applied For ☐ Yes ☒ Not Applicable
5. Certificate of Status Desired ☐ Yes ☒ No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent
**BERGER, KEN
1748-5 AUSTRALIAN AVE.
RIVIERA BCH FL 33404**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERGER, KEN	1.2 NAME	
STREET ADDRESS	1748-5 AUSTRALIAN AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	RIVIERA BCH FL	1.4 CITY- ST- ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CONLON, ARTHUR J.	2.2 NAME	
STREET ADDRESS	1748-5 AUSTRALIAN AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	RIVIERA BEACH FL	2.4 CITY- ST- ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: *Ken Berger* **561-863-5556**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)