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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17260

(1)

	on Name	` '			- 1			
LANDF	RESH INTERNATIONAL INC.	•			i			
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Principal Plac	e of Business	Mailing Address	-			3   ANICARI COL II DIA LORIO 1886 N. 1911 FOLL DI 181 A		
14013 WOLCO	OTT DRIVE	14013 WOLCOTT DRIVE						
TAMPA FL 33		TAMPA FL 33624	'		- [	·		
					1	DO NOT WRITE IN TH	IS SPACE	
					-	3. Date Incorporated or Qualified		
- Div 10	15	The State of the S				12/16/1987		
	Place of Business	2a. Mailing Address			ĺ	4. FEI Number	<del></del>	oplied For
21		26				51-0305426		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	T	Additional equired
City & Stat		City & State						
	e ·	— ´				6. Election Campaign Financing		May Be
Zip	Country	28	Cor	untry		Trust Fund Contribution		to Fees
<del></del>	<b>—</b>	Zip	$\vdash$	шиу		8. This corporation owes or has paid the	74-140°	
24	9. Name and Address of Curren	29 Agent	30	·		Personal Property Tax due June 30.  10. Name and Address of New Registere		No
		r negistered Agent		81 Nan		10. Hame and Address of New Register	ra waeitt	
	ND, MALCOLM E.K.							
	013 WOLCOTT DRIVE			82 Stre	et Addres	s (P.O. Box Number is Not Acceptable)		
TA	MPA FL 33624							
				83				
				84 City			85 Zip	Code
				`			<b>'L</b>   '	
11. Pursuant	to the provisions of Sections 607.0507	2 and 607.1508, Florida Statu	ites, the at	bove-nam	ed corpor	ation submits this statement for the purpose is board of directors. I hereby accept the	e of changing it	s registered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, F	iorida Stat	tutes.	orporation	is boatd of directors. Thereby accept the a	appointment as	registered
SIGNATURE								
CIGNATORIE	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	TE: Registere	d Agent signa	ture required t	when reinstating) DATI		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	1.1 TI	TLE			L Change	☐ Addition
NAME	LAND, MALCOLM E.K.		1.2 N	AME				
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indicated on this annual registric is into mental 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 cost end to the cos

SIGNATURE

JRE REQUIRED