

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 # **P92000014975 (6)**

1. Corporation Name
FLORIDA'S CHOICE JUICE & BEVERAGE CO., INC.



Principal Place of Business

**6400 MANATEE AVE WEST
SUITE L-102
BRADENTON FL 34209**

Mailing Address

**6400 MANATEE AVE WEST
SUITE L-102
BRADENTON FL 34209**

3. Date Incorporated or Qualified
12/23/1992

3a. Date of Last Report
10/26/1995

2. Principal Place of Business
21 **6101 34th Street West**

2a. Mailing Address
26 **6101 34th Street West**

4. FEI Number
65-0376384

Applied For
Not Applicable

22 **30B**
City & State

27 **30B**
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 **Bradenton FL**
Zip Country

28 **Bradenton FL**
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 **34210** 25 **Manatee** 29 **34210** 30 **Manatee**

10. Name and Address of New Registered Agent

**HARTNETT, THOMAS M.
6400 MANATEE AVE WEST
SUITE L-102
BRADENTON FL 34209**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6101 34th Street West
83 **Suite 30B**
84 City
Bradenton 85 Zip Code
FL 34210

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, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISS, HERBERT W.	1.2 NAME	Hartnett, Thomas M.
STREET ADDRESS	6400 MANATEE AVE W STE L-102	1.3 STREET ADDRESS	6101 34th Street W., Ste 30B
CITY-STATE-ZIP	BRADENTON FL	1.4 CITY-STATE-ZIP	Bradenton FL 34210
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTNETT, THOMAS M	2.2 NAME	Mortimer, Shirley T.
STREET ADDRESS	6400 MANATEE AVE W STE L-102	2.3 STREET ADDRESS	6101 34th Street W., Ste 30B
CITY-STATE-ZIP	BRADENTON FL	2.4 CITY-STATE-ZIP	Bradenton FL 34210
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIMON, JACK C	3.2 NAME	Nimon, Jack C.
STREET ADDRESS	6400 MANATEE AVE W STE L-102	3.3 STREET ADDRESS	Address same as above
CITY-STATE-ZIP	BRADENTON FL	3.4 CITY-STATE-ZIP	Address same as above
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTIMER, SHIRLEY T	4.2 NAME	Kowalski, Mary A.
STREET ADDRESS	6400 MANATEE AVE W STE L-102	4.3 STREET ADDRESS	Address same as above
CITY-STATE-ZIP	BRADENTON FL	4.4 CITY-STATE-ZIP	Address same as above
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, C. DANIEL	5.2 NAME	West, C. Daniel
STREET ADDRESS	6400 MANATEE AVE W STE L-102	5.3 STREET ADDRESS	Address same as above
CITY-STATE-ZIP	BRADENTON FL	5.4 CITY-STATE-ZIP	Address same as above
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWALSKI, MARY A	6.2 NAME	Tsikitas, Frank
STREET ADDRESS	6400 MANATEE AVE W STE L-102	6.3 STREET ADDRESS	Address same as above
CITY-STATE-ZIP	BRADENTON FL	6.4 CITY-STATE-ZIP	Address same as above

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Shirley T. Mortimer / Shirley T. Mortimer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 (941) 739-1119
DATE DATE OF FILING

CR2E034 (12/95)