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Mar 03 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 # P92000014975 (6)

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



Principal Place of Business
**6101 24TH STREET WEST
 SUITE 30B
 BRADENTON FL 34210
 US**

Mailing Address
**6101 34TH STREET WEST
 SUITE 30B
 BRADENTON FL 34210-3750
 US**

3. Date Incorporated or Qualified **12/23/1992** 3a. Date of Last Report **04/09/1996**
 4. FEI Number **65-0376384** Applied For Not Applicable
 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

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

9. Name and Address of Current Registered Agent
**HARTNETT, THOMAS M.
 6101 34TH STREET WEST
 SUITE 30B
 BRADENTON FL 34210**

10. Name and Address of New Registered Agent
 b1 Name
 b2 Street Address (P.O. Box Number is Not Acceptable)
 b3
 b4 City **FL** b5 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 _____ DATE _____
Signature must be printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	HARTNETT, THOMAS M.
STREET ADDRESS	6101 34TH STREET WEST SUITE 30B
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HARTNETT, THOMAS M
STREET ADDRESS	6400 MANATEE AVE W STE L-102
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NIMON, JACK C
STREET ADDRESS	6400 MANATEE AVE W STE L-102
CITY-ST-ZIP	BRADENTON FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	MORTIMER, SHIRLEY T
STREET ADDRESS	6400 MANATEE AVE W STE L-102
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WEST, C. DANIEL
STREET ADDRESS	6400 MANATEE AVE W STE L-102
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KOWALSKI, MARY A
STREET ADDRESS	6400 MANATEE AVE W STE L-102
CITY-ST-ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	CPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	NIMON, JACK C.
13 STREET ADDRESS	6101 34TH ST. W. SUITE 30B
14 CITY-ST-ZIP	BRADENTON FL 34210
21 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	TsIKITAS, FRANK
23 STREET ADDRESS	6101 34TH ST. W. SUITE 30B
24 CITY-ST-ZIP	BRADENTON FL 34210
31 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MORTIMER, SHIRLEY T.
33 STREET ADDRESS	6101 34TH ST. W. SUITE 30B
34 CITY-ST-ZIP	BRADENTON FL 34210
41 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	KOWALSKI, MARY A.
43 STREET ADDRESS	6101 34TH ST. W. SUITE 30B
44 CITY-ST-ZIP	BRADENTON FL 34210
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	HARTNETT, THOMAS M.
53 STREET ADDRESS	6101 34TH ST. W. SUITE 30B
54 CITY-ST-ZIP	BRADENTON FL 34210
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Shirley T. Mortimer* (**SHIRLEY T. MORTIMER**) **JAN. 24, 1997** (41) 739-1119
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)