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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P93000068330 (8)

FRESH CUT PROPERTY MANAGEMENT SERVICES, INC.

May 10 - Hally

FILED Feb 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					7 F 10041000 110 TOTOP 18415 00114 00141 00		E 19183 BB19 19801	
9320 NAUTILUS DRIVE 9320 NAUTILUS DRIVE MAIMI FL 33189 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					09/23/1993			
Principal Place of Business 2a. Mailing Address				حام ما ح	4. FEI Number	_	Applied For	
21 9400 11 01 TINIQUE CT 26 9400 MART			THN	ique dr	65-0438166		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired	1 1 7 7	5 Additional Required	
city & State 23 Miami, Fl. 28 Miami, F			FI.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
			Countr	У	8. This corporation owes or has paid the current year Intangible			
24 33 69 25 29 33 69 30			<u> </u>		Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
GUSZCZO, STEVE P. 81 Nam								
9320 NAUTILUS DR			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ple)		
MIAMI FL 33189								
			83	'			İ	
			84	City		 8 5 2	Zip Code	
							·	
office or re	egistered agent, or both, in the Star	502 and 607.1508, Florida Statutes, te of Florida. Such change was aut gations of, Section 607.0505, Floric	horized b	v the corporation	oration submits this statement for the poor's board of directors. I hereby acce	ourpose of changing the property of the appointment	ig its registered as registered	
SIGNATURE .		4.016.0				DATE		
12,			13.	gent signaturo require	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	PD	□ DELETE	1.1 THILE		ABBITIONS, OF TANGED TO STATE	☐ Chan		
NAME /	GUSZCZO, STEVE	_	1,2 NAME				-	
STREET ADDRESS	9320 NAUTILUS DRIVE	,	1	T ADORESS				
CITY-ST-ZIP	11111		1.4 CITY -					
TITLE	VD	U TELETE	2.1 TITLE	ST EII		☐ Chan	ige Addition	
NAME	BROOKINS, FRANKIE	_	2.2 NAME					
STREET ADDRESS	9321 NAUTILUS DR		2.3 STREET ADDRESS		•			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-					
TITLE			3.1 TITLE	01 211		Chan	ige Addition	
NAME			3.2 NAME					
STREET ADDRESS	A A A A A A A A A A A A A A A A A A A		3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - ZIP				ŀ	
TITLE			4.1 TITLE			Chan	ige Addition	
NAME			4. 2 NAME				j	
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-				ŀ	
TITLE		☐ DELETE	5.1 TITLE			Chan	ige 🔲 Addition	
NAME			5.2 NAME			ا م	2 / UR	
STREET ADDRESS	1		1	T ADDRESS		/	SUL	
City-ST-ZIP			5.4 CITY-			0 1	8	
TITLE			61 TITLE			Chan	ige Addition	
NAME	· •		6.2 NAME		7000 0242 -02/04/98010	i de de la	ľ	
STREET ADDRESS			6.3 STREE	T ADDRESS	-UZ/U4/36U1U:	30 UUZ		
' '		,	6.4 CITY -		***150.00			
CHTY-ST-ZIP	actifu that the information supplied	with this filing does not qualify for t			Section 119 07/3Vi) Florida Statutes I	further certify that	the information	

nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report or suppliemental 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.

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