

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

FILED

Apr 14 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 # P94000001293 (7)

1. Corporation Name
FOREVER FRESH, INC.

Principal Place of Business

3430 NW 16TH STREET
STE. 23
LAUDERHILL FL 33311

Mailing Address

3430 NW 16TH STREET
STE. 23
LAUDERHILL FL 33311-4271

3. Date Incorporated or Qualified
01/05/1994

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

21 5371 HIATUS ROAD

2a. Mailing Address

26 5371 HIATUS Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sunrise FL

City & State

28 Sunrise FL

Zip

24 33351

Country

25 USA

Zip

29 33351

Country

30 USA

4. FEI Number
65-0462015

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

9. Name and Address of Current Registered Agent

HOROWITZ, STEVEN J
4715 NW 99TH LANE
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Steven J. Horowitz

STEVEN J. HOROWITZ

2/25/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HOROWITZ, STEVEN J
STREET ADDRESS 4715 NW 99 LANE
CITY- ST- ZIP CORAL SPRINGS FL
☐ DELETE

TITLE D
NAME SHAMES, CARY B
STREET ADDRESS 430 NW 12TH AVE.
CITY- ST- ZIP CORAL SPRINGS FL 33071
☐ DELETE

TITLE DS
NAME PHILLIPS, MICHELE
STREET ADDRESS 10761 NW 18TH COURT
CITY- ST- ZIP PLANTATION FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Steven J. Horowitz

STEVEN J. HOROWITZ

2/25/97

954-747-9720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0208786

CR2E034 (9/96)