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

PROFIT CORPORATION ANNUAL REPORT

1999

FOREVER FRESH, INC.



DOCUMENT # **P9400001293**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90124 034 ***300.00

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U. S. GIFT AND FLORAL, INC.					
Principal Place		Mailing Address			ili Adidi iidia libin 1816a (iii 1881
5371 HIATUS R		- 5971 HIATUS ROAD			
SUNRISE FL 33351 SUNRISE FL 33351			DO NOT WRITE IN TH	IS SPACE	
US US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
				01/05/1994	
2 Principal P	lace of Business	2a. Mailing Address	<u></u>	4. FEI Number	Applied For
21 470		26 4700 His	itus Rd	65-0462015	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22 SU1 H	. ^-/	27 SINK 255		5. Certifcate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
	icise FL	28 SUNTIK	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 3339	5 \ 25	29 3335\ <u></u> 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	ed Agent
	AND		81 Name		
	ROWITZ, STEVEN J		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	i Hiatus Road		4700	o Hiatus Rd.	
	, 23		B3 Such	e 255	
SUNRISE FL 33351			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
			1 1	<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>	L
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corpo	oration submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was autations of, Section 607.0505, Florid	norized by the corporatio la Statutes.	on's board of directors. I hereby accept the app	politilitetit as ragisterea
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	tegistered Agent signature required		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	HOROWITZ, STEVEN J		1.2 NAME		}
V		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		El Character El Addition
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	SHAMES, CARY B		2.2 NAME		
STREET ADDRESS	STREET ADDRESS 35 GOLDEN EAGEL LN 23 STI		2.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLETON CO 80127		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	PHILLIPS, MICHELE		3.2 NAME		
STREET ADDRESS	10761 NW 18TH COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	1		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

14. I 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 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 with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS