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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

	19	90	

P94000041761 (5)

DOCUMENT # P9400041761 (5)

1. Corporation Name

JUICE BAR SYSTEMS, INC.

Principal Place of Business

1035 BRIGHTON V/AY
LAKELAND FL 33813

LAKELAND FL 33813



								3. Date Incorporated or Out 05/31/1994	alified	3a. Date 06	of Last /09/1	
	ace o' Business			Mailing Address				4. FEI Number			1	Applied For
21			26				_	59-3279917			-	Not Applicable
Suite, Apt. # 22	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desi	red []		5 Additional Required
City & State)			City & State				6. Election Campaign Finan	cina		¢5.	00 May Be
23		ountry	28	Zip	1			Trust Fund Contribution	[<u> </u>	Add	ed to Fees
24	25	,	29	•	30	untry		8. This corporation has liabi	lity for inta		under	s 199.032,
	9. Name and A	ddress of Current	Registe	ered Agent				10. Name and Address of	New Reg	stered A	gent	
MADTIN	E CHOW ID					81	Name					
MARTIN, E. SNOW JR. 200 LAKE MORTON DR						82	Street Addr	ess (P.O. Box Number is Not Ac	ceptable)			
	ND FL 33801					83			•			<u></u>
						84	City	<u> </u>			85 2	Zip Code
						1 1	•	ration submits this statement for		FL	1 1	•
familiar with	h, and accept the c		n 607.08	505, Florida Statutes.	a by trie i	сор	oration's doar	ation submits this statement for it d of directors. I hereby accept the	e appoint	ment as r	egistere	d agent. I am
12.		OFFICERS AND	DIRECT		13.			ADDITIONS/CHANGES T	O OFFICE		DIRECT	ODS IN 12
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STREET ADDRESS	1035 BRIGHT	ON WAY					ADDRESS					
CITY+S1-ZIP	LAKELAND FL											
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THILE						HILL	1			ᆸ	Change	Addition
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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 Book 13 if changed, or on a attachment with an address.

SIGNATURE

mand A. Kosetti kesilat 41/966 941-648-256