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

Mailing Address

NAPLES FL 34101-1976

PO BOX 11976

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400067603

1. Corporation Name

Principal Place of Business

__3 FL 34101-1976

■ BOX 11976

REYBAN FRUIT COMPANY

		US				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						09/14/1994		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Α	applied For
		26				65-0518757	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						E Contifered of Status Basis of	\$8.75	Additional
						5. Certifcate of Status Desired	Fee F	Required
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	ip Country			8. This corporation owes the current year Inta	angible	
·	25	29	30			Personal Property Tax.	∐Yes	□No
	9. Name and Address of Current					10. Name and Address of New Registered	Agent	
		<u> </u>		81 Nam	ne			
SCHULZ, WOLFGANG B.P.				L				
	LOMBTON LANE-					ss (P.O. Box Number is Not Acceptable).		
	LES FL 34104-6593			83	60	LAMBTONI LANE		
				03				
				84 City			85 Zip	Code
_				L		<u> </u>	حلك	
office or re	egistered agent, or both, in the State o	of Florida. Such change was	s authorized	by the co	rporation	ration submits this statement for the purpose of 's board of directors. I hereby accept the appoin	itment as r	egistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, I	Florida Statı	utes.				
nin * 1								
	Signature, typed or printed name of registered agent			Agent signatu	re required v	when reinstating) DATE	D.DEOT	2000 111 42
	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	
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6.4 CITY-ST-ZIP

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90081 024 ***150.00



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 supplied entail 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 trusted 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 or an attachment with an address, with all other tike empowered.

ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR