

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071383 (1)

1. Corporation Name

BROWARD WHOLE EARTH FOODS, INC.

Principal Place of Business

**2345 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH FL 33442**

Mailing Address

**2345 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/28/1994

4. FEI Number

65-0524600

Applied Fee

Not Applicable

5. Expiration of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. The corporation has liability for intangible tax under S. 199.03?

Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**LESHER, GERALD S
1555 PALM BEACH LAKES BLVD. STE. 1000
WEST PALM BEACH FL 33401**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 190.01 and 190.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, as the State of Florida, South Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the provisions of Section 190.03, Florida Statutes.

SIGNATURE

5/1/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	President
NAME	Donald D. Lesh
STREET ADDRESS	2345 West Hillsboro Blvd
CITY/ST/ZIP	Deerfield Beach, FL 33442
12.2	Vice President
NAME	Lewand Lesh
STREET ADDRESS	
CITY/ST/ZIP	
12.3	Treasurer
NAME	Calvin Dickert
STREET ADDRESS	
CITY/ST/ZIP	
12.4	Secretary
NAME	Lewand Lesh
STREET ADDRESS	
CITY/ST/ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY/ST/ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY/ST/ZIP	

13.1	☐ Change ☐ Addition
1. NAME	
2. STREET ADDRESS	
3. CITY/ST/ZIP	
13.2	☐ Change ☐ Addition
1. NAME	
2. STREET ADDRESS	
3. CITY/ST/ZIP	
13.3	☐ Change ☐ Addition
1. NAME	
2. STREET ADDRESS	
3. CITY/ST/ZIP	
13.4	☐ Change ☐ Addition
1. NAME	
2. STREET ADDRESS	
3. CITY/ST/ZIP	
13.5	☐ Change ☐ Addition
1. NAME	
2. STREET ADDRESS	
3. CITY/ST/ZIP	
13.6	☐ Change ☐ Addition
1. NAME	
2. STREET ADDRESS	
3. CITY/ST/ZIP	

14. I hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 190.03(4)(b), Florida Statutes. I further certify that the information reported 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 officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes on an attached list with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

305-481-4446