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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P94000092392	(7)
---------------------------------	--------------	-----

New Address ?

ORGANICALLY FRESH, INC.

4814 N.W. 2ND AVENUE	4814 N.W. 2ND AVENUE BOCA BATON FL 33431
Principal Place of Business	Mailing Address

<u> </u>	
----------	--

3. Date Incorporated or Qualified

12/19/1994

3a. Date of Last Report

05/01/1995

		HOOKESS	<u> </u>				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		<u> </u>	Applied For
2. Principal Plac		Andrews	2a. Ma'ling Ad	C	mE		65-04			i	Not Applicable
1 213 Suite, Apt. #,		· Madeen	Suite, Apt		<i>m</i> e		5, Certificate of		sired	*****	Additional Required
City P. State			27 Oity & St				6. Election Ca	mpaign Fina	incing	\$5.00	O May Be
City & State	, Rato	, Fi	28				Trust Fund		- 1		d to Fees
Zip o a		Country	Zip		Country		8. This corpor	ation has lia		gible tax under s	199.032,
334			29		0		Florida Stat		Yes 🗆		
	9. Name and	Address of Curre	ent Registered Age	nt			10. Name and	Address C	T New Hegis	tered Agent	
					81	Name					
	ga, John				82	Street Add	ress (P.O. Box Nun	iber is Not a	Acceptable)		
	/. 2ND AVEN				83						
BOCA RA	NTON FL 334	31			03						
					84	City				FL T	p Code
11. Pursuant to	the provisions	of Sections 607.050	02, and 607,1508, Flo rida, Such change w	orida Statutes,	the above n	amed corpo	pration submits this	statement for	or the purpose	of changing its r	registered office
or registere familiar with	ed agent, or both n, and accept th	n, in the State of Ho Nations,of Se	riga (Such change w ctiph 607,0505 Flori	zas aumonzeo i ida Statu ja s. _↓	by the corpo	oranon s bee I	and Or Greators, The	reny accep	. trio appromer	7	rago m ra m
SIGNATURE	•	Janily	Hraus	you		ana			5/	1/86	
8	Signature byseed or sin		Mand the map illusting	J oin		tisignati e neger	nat when recordingly ADDITIONIS	VOLIANGES	TO DEFICE	DAT / RS AND DIRECTO	39S IN 12
12.		OFFICERS A	ND DIRECTORS	DELETE	13 . 1.11⊪.€					Change	Add-tion
TITLE	D CALAMACI	I I CHAI	LJ	Better	1.2 NAME		New	, Hd	dress :		
NAME	GALAMAG/	2ND AVENUE			1 3 STHEET	Anopess 6	Ne. 21338 St	And	vens Blu	d	
STREET ALPORESS		ON FL 33431			14 CITY - S	į	R. R	ata. f	T 334	33	
CITY-ST-ZIP TITLE	D D	01111 30731		DELETE	2 1 T:TLF	1 2 1	DOCA IL			☐ Change	Addit on
NAME	STRAUSS.	FMII Y	_		2.2 NAME		New	Ado	lucss:		
STREET ADDRESS		2ND AVENUE			23 STREET	ADDRESS	Ċ		lvess:		
CITY-S1-ZIP		ON FL 33431			24 CITY S	T - ZIP	Jame	9.2	alouc		
TITLE				DELETE	3 1 TITLE					Change	Addition
NAME					3.2 NAME	1					
STREET ADOPESS					3/3 SIREE	LADDRESS					
CITY - ST - ZIP					3.4.0-1Y-S	T - ZiP				Channe	Addit on
TITLE				DELETE	4 1 TILLE	İ				☐ Change	Addition
NAME					4.2 NAME						
STREET ADDRESS					4 3 STREFT						
CITY-ST-ZIF				DELETE	4.4 Cify - 5	31 - 21P				Change	Addition
TITLE			U	ULLIL	5 2 NAME					TTT command a	<u> </u>
NAME					5.3 STREET	r Annas es					
STREET ADDRESS					5.3 STREE						
CITY - ST - ZIP TITLE				DELETE	6 1 TITLE	5: 7IF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			☐ Change	Addition
			لسا		6.2 NAME						
NAME STREET ADDRESS	1				l l	r address					
C.T. CT 7:0			//		6.4 CiTy - 5	ST - 21E					
UITI-SI ZIF	u codify that the	information surplie	ed with this filing is ve	oluntarily furnis ^y	ned and doc	s not qualify	y for the exemption	stated in Se	ction 119.07(3	3)(k), Florida Statu	ites 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 are an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR DO LA LALEMEN 5