SECOND N	NOTICE: CORPORATION V ON OR BEFORE 8/7/96: \$225	VILL BE DISSOLVI	ED ON OR AFTER A	NUGUST 7, 1996. TO REINSTATE: \$375.)			
PROFIT CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS							
1990							
1. Corporation	MENT # P9	500005	1152 (3)				
SUNRI	SE FRESH CORP.				A REGINERAL FOR TRANSPORT REGINERAL CONTRACTOR	1846 38 181 8 111	I H eo i M ar i O ndo Monaco
Principal Place of Business Mailing Address							
2895 GRUMA Daytona Bi	IAN COURT EACH FL 32124		895 GRUMMAN COURT AYTONA BEACH FL 32124				
					3. Date Incorporated or Qualified 06/30/1995		of Last Report
2. Principal Pl	ace of Rusiness	2a. N	la-ling Address		4. FEI Number 59 • 3322805		Applied For Not Applicable
Suite Apt	#, etc		uite, Apt. #, etc		5. Certificate of Status Dos red	Y	\$8.75 Additional Fee Required
City & State	Sd BEACH. FL		ity & State		Flection Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
^{Ζιρ} 24 32 1	Country		ıp	Country 30	This corporation has liability for Florida Statutes	intangible ta	ax under s. 199.032,
24	9. Name and Address o			81 Name	10. Name and Address of New Re	gistered A	gent
11. Pursuant t	to the provisions of Sections	607 0502 and 607.	1508, Florida Statute	84 City	poration submits this statement for the p	FL urpose of cl	85 Zip Code
office or re	egistered agent, or both, in t m familiar with, and accept t	he State of Florida :	Such change was as	uthorized by the corporal	ion's board of directors. Thereby accep	t the appoin	tment as registered
	Signature ityped or protect name of he			E. Registered Agent signature requ		DATE	SUBSCIOUS IN 10
12. Title	PSO	DERS AND DIRECT	DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFIC	LENS AND I	Change Addition
NAME	MAY, BRETT H			1.2 NAME			
STREET ADDRESS	2895 GRUMMAN CO			1 3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH F VTD	L 32 124	DELETE	1.4 CHY - ST- ZIP 2.1 THLE		Г	Change Addition
TITLE NAME	MAY, LESTER H JR.			2.2 NAME		_	, e 4g
STREET ADDRESS	2895 GRUMMAN CO	OURT		2.3 STHEET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH F	L 32124	·	2 4 CHY - ST - 7 P			
TITLE			DELETE	3 1 TITLE		L	Change Addition
NAME CIRCLI ADDRESS				3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS CITY - ST - ZIP				3.4 CITY-ST-ZIP			
TITLE			DELETE	4 1 TIFLE			Criange Addition
NAME				4 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP			DELETE	5 1 TITLE			Change Addition
TITLE NAME			L.J DELETE	5 2 NAME		L	
STREET ADDRESS				. 63 STREET ADDRESS			
CITY-ST-7IP				5.4 CHY - ST - ZIP			
TITLE			DELETE	61 TITLE		L	Change Addition
NAME	l			6.2 NAME			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Fiorida Statutes 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPEO OR PRINTED NAME OF NORMING OFFICER OR DIRECTOR

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Day of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF NORMING OFFICER OR DIRECTOR

Day of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF NORMING OFFICER OR DIRECTOR CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 C-1Y - ST - ZIP

STREET ADDRESS