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FILED

May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000058550 (1)

1. Corporation Name

THE FRESH JUICE COMPANY OF FLORIDA, INC.



Principal Place of Business

1000 AMERICAN SUPERIOR BLVD.  
WINTER HAVEN FL 33884

Mailing Address

1000 AMERICAN SUPERIOR BLVD.  
WINTER HAVEN FL 33880-5545

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

02/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc

4. FEI Number

59-3326045

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALLENTINE, PAUL  
1000 AMERICAN SUPERIOR BLVD.  
WINTER HAVEN FL 33884

81 Name

BRIAN DUFFY

82

Street Address (P.O. Box Number is Not Acceptable)

1000 AMERICAN SUPERIOR BLVD

83

84

City

WINTER HAVEN

FL

85

Zip Code

33884

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME BALLENTINE, PAUL  
STREET ADDRESS 6316 PINE LN  
CITY-ST-ZIP LAKELAND FL

1.1 TITLE PRESIDENT ☒ Change ☒ Addition  
1.2 NAME DUFFY, BRIAN  
1.3 STREET ADDRESS 1834 LAUREL LANE  
1.4 CITY-ST-ZIP SCHAMMOURG, IL

TITLE S ☐ DELETE  
NAME SMITH, STEVEN  
STREET ADDRESS 5 LAWSON LN  
CITY-ST-ZIP GREAT NECK NY

2.1 TITLE ASSISTANT SECRETARY ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☒ DELETE  
NAME SIEGEL, KATHY  
STREET ADDRESS 41 BRICHALE  
CITY-ST-ZIP PT WASHINGTON NY

3.1 TITLE TREASURER ☐ Change ☒ Addition  
3.2 NAME MARK FELDMAN  
3.3 STREET ADDRESS 33 BOND ST  
3.4 CITY-ST-ZIP BRIDGEWATER, NJ

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE SECRETARY ☐ Change ☒ Addition  
4.2 NAME STEVEN M. ROSEN  
4.3 STREET ADDRESS 81 DAHLIA ST  
4.4 CITY-ST-ZIP STATEN ISLAND, NY

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

Date

Daytime Phone #

CR2E034 (9/96)