SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000088155 (3)

FLORIDA FRESH, INC.

FILED Jul 24 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	Mailing Address				T HER LING LAND COURT BOTTLE CONTROL OF ALL COURT COURT COURT LINES OF COURT OF ALL COURT					
19905 SW 334	ITH STREET	19905 SW 334TH STREE	19905 SW 334TH STREET									
HOMESTEAD FL 33030		HOMESTEAD FL 33030						SO NOT IND		00105		
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								porated or Qualifie		Date of Last	· I	
9 Dringing ID	loos of Divolopor	De Marino Address	2a. Mailing Address				11/16/1 4. FEI Numbe			5/01/199(
L '	lace of Business	F-1	F-1								Applied For I	
Suite, Apt.	# 810	Suite, Apt. #, etc.					65-06				Additional	
22	w, dic.	27				ļ	5. Certificate	of Status Desired			Required	
City & State	0	City & State				6. Election Ca	ampaign Financing	 1		0 May Be		
23		28				l	Contribution	′ □		to Fees		
Zip	Country	Zıp	Co	untry	,		8. This corpo	ration owes or has	paid the c	urrent year li	ntangible	
24	25	29	30				Personal Property Tax due June 30. 🔲 Yes 🔲 No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
CORPORATION SERVICE COMPANY					Na	ıme						
1201 HAYS STREET				82	Str	rent Addres	SS (P.O. Box Nu	mber is Not Accer	table)			
TAL	LAHASSEE FL 32301-2525					001110000	30 (1.0. 00. 110.		,			
				83								
				84	Cit					DE 700	Code	
				04		.y			FI	85 Zig	Code	
11. Pursuant to the provisions of Soctions 607.0502 and 607.1608, Florida Statules, 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 re-installing). DATE												
12,		PRECTORS (NO.	13.		on sign	nature required		CHANGES TO OF		ID DIRECTO	DES IN 12	
TITLE	PD	DELETE		TITLE		1	7,001110110	10111111111111111111111111111111111111	TIOETIO 71	Change		
NAME	SAPP, STEVEN S			1.2 NAME		ļ						
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NAME	AADA MAAAAAA			2.2 NAME								
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CITY-\$T-ZIP	D			IIILE	31-21					Change	Addition	
NAME -	SAPR-FRANK		· ·		3.2 NAME							
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CITY-ST-ZIP	11011707710 71 44444		CITY - S							į		
TITLE	D	DELETE		TITLE	01 - 11F					☐ Change	Addition	
NAME	SAPP, BLANCHE	—		NAME								
STREET ADDRESS	19905 SW 334TH STREET			STREET	' ADD2	ESS						
CITY-ST-ZIP	HOMESTEAD FL 33030		4.4 CITY - 1								Ì	
TITLE		☐ DELE!E	511		er £11					Change	Addition	
NAME				NAME						•		
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NAME	<u> </u>		P NAME									
STREET ADORESS					AUUP	155						
				63 STREET ADDRESS 64 CITY-ST-ZIP								
CITY-ST-ZIP			041	U111-5	11-611							

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 logal 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.