FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000089840 (9)**

1. Corporation Name:
THE CLARUS JUICE COMPANY

Principal Place of Business
117 EAST LAKE ROY DRIVE. SOUTHEAST
WINTER HAVEN FL 33884

Mailing Address
117 EAST LAKE ROY DRIVE. SOUTHEAST
WINTER HAVEN FL 33884

3. Date Incorporated or Qualified: **11/22/1995**
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 59-3352962 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Chin Shu Chen	1.2 NAME	
STREET ADDRESS	1823 Cypress Gardens Blvd	1.3 STREET ADDRESS	
CITY, ST, ZIP	Winter Haven, FL 33884	1.4 CITY, ST, ZIP	
TITLE	Vice President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	William A. Chen	2.2 NAME	
STREET ADDRESS	1998 Pacific Ave. Apt 306	2.3 STREET ADDRESS	
CITY, ST, ZIP	San Francisco, Ca. 94109	2.4 CITY, ST, ZIP	
TITLE	Treasurer ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Hope X. Chen	3.2 NAME	
STREET ADDRESS	1998 Pacific Ave. Apt. 306	3.3 STREET ADDRESS	
CITY, ST, ZIP	San Francisco, CA 94109	3.4 CITY, ST, ZIP	
TITLE	Secretary ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Grace A. Chen	4.2 NAME	
STREET ADDRESS	1823 Cypress Gardens Blvd	4.3 STREET ADDRESS	
CITY, ST, ZIP	Winter Haven, FL 33884	4.4 CITY, ST, ZIP	
TITLE	Assistant Secretary ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Irene S. Chen	5.2 NAME	
STREET ADDRESS	1823 Cypress Gardens Blvd	5.3 STREET ADDRESS	
CITY, ST, ZIP	Winter Haven, FL 33884	5.4 CITY, ST, ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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**220.00

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)(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: Chin Shu Chen CHIN SHU CHEN 3/6/96 (941)324-7894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE NUMBER
President

CR2E034 (12/95)