

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 09 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 # P95000090334 (0)

1. Corporation Name
ORGANIC AMERICA, INC.

Principal Place of Business
4521 HIDDEN RIVER ROAD
SARASOTA FL 34240

Mailing Address
4521 HIDDEN RIVER ROAD
SARASOTA FL 34240-9180



3. Date Incorporated or Qualified 01/01/1996 3a. Date of Last Report //

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	4521 HIDDEN RIVER RD	26		650633804 EIN		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22	SARASOTA	27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing		5.00 May Be Added to Fees	
23	SARASOTA FL	28	FL	Trust Fund Contribution		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	34240	25	SARASOTA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

JABLOW, BENJAMIN A ESQ.
1680 FRUITVILLE ROAD
SUITE 102
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLE, JUDITH	1.2 NAME	
STREET ADDRESS	4521 HIDDEN RIVER ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34240	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVEMAN, ART	2.2 NAME	
STREET ADDRESS	4521 HIDDEN RIVER ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34240	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: ART GROVEMAN 4/27/97 941-322-2408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)