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Apr 28 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 # P96000007248 (3)

1. Corporation Name

JUICE, JUICE & JUICE, INC.

Principal Place of Business

12729 NEWFIELD DR
ORLANDO FL 32837

Mailing Address

12729 NEWFIELD DR
ORLANDO FL 32837-7435



2. Principal Place of Business

21 6630 Cristina Marie Dr.
Suite, Apt. #, etc.

22 City & State

23 Orlando, FL

24 Zip 32835 Country U.S.A.

2a. Mailing Address

26 6630 Cristina Marie Dr.
Suite, Apt. #, etc.

27 City & State

28 Orlando, FL

29 Zip 32835 Country USA

3. Date Incorporated or Qualified

01/19/1996

3a. Date of Last Report

4. FEI Number

59-3366576

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

TRACEY, WILLIAM
12729 NEWFIELD DR
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

Ginger Tracey

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

6630 Cristina Marie Drive

83

84 City

Orlando

FL

85 Zip Code

32835

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

Ginger Tracey

Ginger Tracey

4-7-97

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent's signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TRACEY, WILLIAM
STREET ADDRESS 12729 NEWFIELD DR
CITY-ST-ZIP ORLANDO FL 32837

TITLE D
NAME TRACEY, GINGER
STREET ADDRESS 12729 NEWFIELD DR
CITY-ST-ZIP ORLANDO FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
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]

4-7-97

CR2E034 (9/96)