


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

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90052 018 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000051349			
1. Corporation Name ALOMA PRODUCE MARKET CORPORATION			
Principal Place of Business 7409 ALOMA AVE. WINTER PARK FL 32792		Mailing Address 7409 ALOMA AVE. WINTER PARK FL 32792	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AWAD, JOHN 629 SUMPTER COURT WINTER SPRINGS FL 32708		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 607.1508, 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 <i>John Awad</i> DATE 3-3-99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP <input type="checkbox"/> DELETE NAME AWAD, JOHN STREET ADDRESS 629 SUMPTER COURT CITY-ST-ZIP WINTER SPRINGS FL 32708		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE DV <input type="checkbox"/> DELETE NAME HORANI, NABIL STREET ADDRESS 629 SUMPTER COURT CITY-ST-ZIP WINTER SPRINGS FL 32708		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE DS <input type="checkbox"/> DELETE NAME HORANI, AIDA STREET ADDRESS 629 SUMPTER COURT CITY-ST-ZIP WINTER SPRINGS FL 32708		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE DT <input type="checkbox"/> DELETE NAME AWAD, JOEY STREET ADDRESS 629 SUMPTER COURT CITY-ST-ZIP WINTER SPRINGS FL 32708		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE DV <input type="checkbox"/> DELETE NAME HANAN, WAKIM STREET ADDRESS 2500 HOWELL BRANCH RD, APT 291 CITY-ST-ZIP WINTER PARK FL 32792		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-99 407 673-3378

CR2E034 (11/98)