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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000053688 (3)

FILED May 01 1998 8:00am Secretary of State

PRO	DUCE STOP, INC.					
Principal Plac	ce of Business	Mailing Address			1 13031001 110 10110 01111 00111 30111 20111 0010	ANDR JUND BUIDN (BUD) VBUN (BBI
877 N. FEDERAL HWY. 677 N. FEDERAL HWY						
POMPANO BEACH FL 33062		POMPANO BEACH F US	POMPANO BEACH FL 33062		DO NOT WRITE IN THIS	SPACE
		00			3. Date Incorporated or Qualified	
					06/24/1996	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
		26			65-0682127	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23	y & State 28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Count	ry	8. This corporation owes or has paid the co	
24	25	29	30	•	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre				10. Name and Address of New Registered	Agent
	ANDREWS, KEN		В	1 Name		
677 N. FEDERAL HWY.			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33062			L			
			8:	3		•
€ CONT *	to the state of th		8	4 City		85 Zip Code
				<u> </u>	FI	<u>-</u>
11. Pursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607,1508, Florida Stat te of Flor _i da, Such change was	utes, the abo s authorized b	ve-named cor ov the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I a	am familiar with, and accept the obti	gations of Section 607.0505, I	lorida Statute	es.	,	F
SIGNATURE						
12.	Signature typicd or priolod natio of registered a	gentant (Meitappicable (N ND DIRECTORS	13.	gent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO CITTEENS AN	☐ Change ☐ Addition
NAME	ANDREWS, KEN	1				-
STREET ADDRESS	677 N. FEDERAL HWY.			ET ADDRESS		
CITY-ST-ZiP	POMPANO BEACH FL	1.40		· ST - ZIP		
TITLE	D					Change Addition
NAME	ANDREWS, DIANA	ANDREWS, DIANA 22		<u>:</u>		
STREET ADDRESS	677 N. FEDERAL HWY.		2.3 \$1RE	E1 ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2 4 CHY-ST-ZIP			
TITLE			3.1 THLE			☐ Change ☐ Addition
NAME	1 ■		: 3.2 NAME			
STREET ADDRESS	}					
CITY-ST-ZIP				ET ADDRESS		
		T neierc	3.4. CITY	- \$1 - ZIP		Change Addition
TITLE		DELETE	3.4. CITY 4.1 Tille	- \$1 - ZIP	······································	Change Addition
NAME		DELETE	3.4. CITY 4.1 TITLE 4.2 NAM	- \$1 - ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME STREET ADDRESS		DELETE	3.4. CITY 4.1 THEF 4.2 NAM 4.3 STREE	- \$1 - ZIP IE E1 ADDRESS		☐ Change ☐ Addition
NAME		DELETE	3.4. CITY 4.1 TITLE 4.2 NAM	- ST- ZIP IE E1 ADDRESS - ST- ZIP		Change Addition Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			3.4. CITY 4.1 THLE 4.2 NAM 4.3 STREI 4.4 CITY	- S1- ZIP IE E1 ADDRESS - S1- ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.4. CITY 4.1 THLE 4.2 NAM 4.3 STREI 4.4 CITY 5.1 THLE 5.2 NAME	- S1- ZIP IE E1 ADDRESS - S1- ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.4. CITY 4.1 THLE 4.2 NAM 4.3 STREI 4.4 CITY 5.1 THLE 5.2 NAME	- S1- ZIP E E1 ADDRESS - S1- ZIP E1 ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.4. CITY 4.1 THEF 4.2 NAM 4.3 SHEE 4.4 CHY 5.1 THEE 5.2 NAME 5.3 STREE	- S1- ZIP E E1 ADDRESS - S1- ZIP E1 ADDRESS - S1- ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 THEF 4.2 NAM 4.3 STREE 5.4 CITY 5.3 STREE 5.4 CITY	- S1- ZIP E E1 ADDRESS - S1- ZIP E1 ADDRESS - S1- ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY 4.1 THLE 4.2 NAM 4.3 STREE 5.1 THLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 THLE 6.2 NAME	- S1- ZIP E E1 ADDRESS - S1- ZIP E1 ADDRESS - S1- ZIP		☐ Change ☐ Addition

nerous cerms man me 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 is 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:

4/27/98 954-942-3010