

Sent by: GREENBERG TRAURIG

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APPROVED
08/28/97 13:57; Verifax #755; Page 2/2
FILED

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

97 OCT 15 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000067238

QUALITY CONSCIOUS FOODS, INC.

Principal Place of Business

Mailing Address

149 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779149 WEKIVA SPRINGS ROAD
LONGWOOD, FL 327799. Date Incorporated or Qualified
08/13/96

10. Date of Last Report

4. FEI Number

Applied For
Not Applicable

6. Certificate of Status Desired

\$8.75 Additional
Fee Required8. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

1 355 EAST ALTAMONTE DRIVE

26 355 EAST ALTAMONTE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2 SUITE 1700

27 SUITE 1700

City & State

City & State

ALTAMONTE SPRINGS, FL

28 ALTAMONTE SPRINGS, FL

Zip Country

Zip Country

4 32701

25 USA

29 32701

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUS PAPATHANASOPOULOS
149 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

81 Name GUS PAPATHANASOPOULOS

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

355 EAST ALTAMONTE DRIVE

SUITE 1700

84 City ALTAMONTE SPRINGS

FL 85 Zip Code 32701

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 and accept the obligations of Section 607.0505, Florida Statutes.

GUS PAPATHANASOPOULOS

SIGNATURE

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retaining)

Title

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE

NAME GUS PAPATHANASOPOULOS

12 STREET ADDRESS 496 NEW HOPE DR.

13 CITY, ST., ZIP ALTAMONTE SPRINGS, FL 32714

14 TITLE

NAME MONICA MEDITZ

15 STREET ADDRESS 496 NEW HOPE DR.

16 CITY, ST., ZIP ALTAMONTE SPRINGS, FL 32714

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