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May 08 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 # P96000103048 (0)

1. Corporation Name
FRESH HORIZONS MARKETING, INC.



Principal Place of Business
7501 KIMBERLY BOULEVARD
SUITE 120
NORTH LAUDERDALE FL 33068

Mailing Address
7501 KIMBERLY BOULEVARD
SUITE 120
NORTH LAUDERDALE FL 33068-2365

3. Date Incorporated or Qualified
12/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1600 W. Oakland Park Blvd #200
22 200
23 Ft. Lauderdale FL
24 33311 U.S.

26 1600 W. Oakland Park Blvd #200
27 200
28 Ft. Lauderdale FL
29 33311 U.S.

4. FEI Number

65-0714410

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 607.0507 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 *Michael S. Lester* President DATE 4/30/97

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME LESTER, MICHAEL S
STREET ADDRESS 7501 KIMBERLY BOULEVARD STE 120
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 named, or on an attachment with an address.

SIGNATURE *Michael S. Lester* President DATE 4/30/97

CR2E034 (9/96)