

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90236 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000018851

1. Corporation Name
FRUIT STOP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1835 N.E. 185TH ST. NORTH MIAMI BEACH FL 33179
 Mailing Address: 18321 N.E. 20TH AVENUE NORTH MIAMI BEACH FL 33177

3. Date Incorporated or Qualified: 02/28/1997

4. FEI Number: 65-0735025 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
JAGGERNAUTH, DENNIS
 18321 N.E. 20TH AVE. 125TH
 NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: FL 85

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	DELETED	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JAGGERNAUT, MARIA		1.2 NAME: JAGGERNAUTH MARIA	
STREET ADDRESS: 18321 N.E. 20TH AVENUE		1.3 STREET ADDRESS: 18321 N.E. 20TH AVE	
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33179		1.4 CITY-ST-ZIP: NORTH MIAMI BEACH FL 33179	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JAGGERNAUTH, DENNIS		2.2 NAME:	
STREET ADDRESS: 18321 N.E. 20TH AVENUE		2.3 STREET ADDRESS:	
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33179		2.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JAGGERNAUTH, DENNIS		3.2 NAME:	
STREET ADDRESS: 18321 N.E. 20TH AVENUE		3.3 STREET ADDRESS:	
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33179		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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]* DATE: 3/2/99 (305) 933-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)