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

**PROFIT** CORPORATION ANNUAL REPORT 1999

> ALLEN, ROBERT E 125 12 AVE ARCADIA FL 34266



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000029742

EASTERN PRODUCE DISTRIBUTING, INC.

1 "	nncipal Place of Business	Maning Address			
	20 e oak st RCADIA FL 34266 S	P O BOX 1311 Arcadia Fl 34265 US			
ļ	Principal Place of Business	2a. Mailing Address			
21	<u> </u>	26			
	Suite, Apt. #, etc.	Suite, Apt #, etc			
22		27			
	City & State	City & State			
23		28			
<u> </u>	Zip Country	Zip Country			
24	25	29 [30]			
Г	9. Name and Address of	Current Registered Agent			
		61 Name			

	DO NOT WRI	TE IN TH	IIS SPACE
3.	Date Incorporated or Qualifed		
	04/02/1997		
4.	FE! Number	Applied For	
	65-0740348		Applied For Not Applicab
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 curri Personal Property Tax	ent year	Intangible [ I Yes   XIII

10. Name and Address of New Registered Agent

Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue

Coral Gables 11. Pursuant to the provisions of Sections 607.0602 and 607.1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registers Lagent, oct by the purpose of changing its registered agent. I am familia with, and accept the appointment as registered agent. I am familia with, and accept the original acceptance of providing the purpose of changing its registered agent. I am familia with, and acceptance of the providing the purpose of changing its registered agent. I am familia with, and acceptance of the providing the purpose of changing its registered agent. I am familia with, and acceptance of the providing the purpose of changing its register.

SIGNATURE	School Natalia Uvrera Wice-Presid	en togestisgestire	tegene (when to islata gr
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES
TITLE	PSTD   DELETE	1 1 TITLE	
NAME	ALLEN, ROBERT E	1.2 NAME	[
STREET ADDRESS	1320 EAST OAK STREET	13 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 8382+ 34以ん	14 CITY-ST-ZIP	
TITLE	L) DELETE	2 1 TITLE	VD
NAME		2.7 NAME	JOHN BLACK
STREET ADDRESS		23 STREET ADDRESS	ا کشم فی خواس ۱۹۸۵ میلادی به سیده ا
CITY-ST-ZIP		2.4 C(1) Y-5*-7(P)	PHILY PA. 19147
TITLE	[] DELETE	3 1 TITLE	
NAME		3.2 NAME	4000
STREET ADDRESS		33 STREET ADDRESS	(
CITY-ST-ZIP		34 CITY-ST-ZIP	<u> </u>
TITLE	DELETE	4 1 THILF	ļ
NAME		4. 2 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETF	5 1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 City-st-zip	
TITLE	[] DELETE	61 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		63 STREET ADDRESS	

σV JOHN BLACK

PHILY PA. 19147 [ | Change [ | Addition 002770794----02/09/99--01133--003

DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

> \*\*\*\*150,00 \*\*\*\*150.00 [ | Change [ ] Addition

[ | Change [ | Addition

14. Thereby 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.

1/21/99

941-993-1727 (regime Priorit)