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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000058393

1. Corporation Name VEGGIE GARDEN, INC.



Principal Place of Business 1219 NORTH STATE ROAD 7 LAUDERHILL FL 33313 Mailing Address 1219 NORTH STATE ROAD 7 LAUDERHILL FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1997

2. Principal Place of Business 21 1166 NW 2nd Ave 26 Mailing Address

4. FEI Number 65-0847018 Applied For Not Applicable

22 Suite, Apt. #, etc. Lauderhill Fla 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State Fla 28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33313 25 Country 29 Zip 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARD D. TOBIN, P.A. 200 SOUTHEAST 18TH COURT FORT LAUDERDALE FL 33316

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 607.0502 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows for Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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: 1-25-99 Daytime Phone #: 954-584-6601

CR2E034 (11/98)