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

May 22 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # B.E.N. TOMATOES, INC. Enterorises Principal Place of Business Mailing Address PO BOX 1358 PO BOX 1358 ALACHUA FL 32616 ALACHUA FL 32616 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a, Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registèred Agent 81 CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD #211 82 PALM BEACH GARDENS FL 33418 83 84 of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered to home state at Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the profice of registere was authorized by the corporation's board of directors. Thereby accept the appointment 05, Florida Statutes. SIGNATURE (NOTE: Registered Agent signaline required when rehistating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change TITLE Addition 11 TITLE **MÉBEL**, RONNA NAME 1.2 NAME PO BOX 1358 N/A STREET ADDRESS 13 STHEET ADDRESS ALACHUA FL 32616 CITY-ST-ZIP 14 CHY-ST-7P TITLE DELETE ☐ Change Addition 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-7IP DELETE TITLE 3 1 111LF Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY+\$T-ZIP 3 4. CITY - ST - 7IP DELETE Change Addition TITLE 4.1 DILE NAME 4 2 NAM6 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - ST - 7(P DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 THILE ☐ Change Addition **30000253447**3 NAME 6.2 NAME -05/26/98--01010---048 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP ***150.00 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.7(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 of trustee employed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changing the compound of the corporation with all address.

FILED