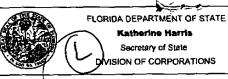
PROFIT CORPORATION ANNUAL REPORT



FILED Jun 29, 1999 8:00 am Secretary of State

06-29-1999 90001 035 ***150.00

	1999	DIVISION OF COI	RPUKAI						_	
DOCUMENT # P97000074663 1. Corporation Name J.J. BABY FOOD CENTER, INC.						1 (1911) 1941 114				
						î yaş iy aşı iyo y		liai er ini er iii i	a n arana and	######################################
Principal Place	of Business	Mailing Address			}					
2327 N.E. 5TH AVENUE 2327 N.E. 5TH AVENUE					- 1					
POMPANO BEA	CH FL 33064	POMPANO BEACH FL 33064				i	DO NOT WR	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed				
	•					08/27/1997				
2. Principal Pl	ace of Business	2a. Mailing Address			-	4. FEI Number			A	oplied For
21		26				65-0775941				ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Stat	us Desired		•	Additional
22		27								aquired
City & State	3	City & State				B. Election Campaign Financing Trust Fund Contribution Added to Fees				
23		28			<u>_</u>	Trust Fund Cont				TO F685
Zip	Country	Zip	Country	,	-	This corporation Personal Propert		rent year inti	angiole ∐Yes	KINO
24	9. Name and Address of Current	Pagistered Appet	1			n Name and Add		Registered i		<u> </u>
	S. Marie and Address of Current	Kediata ed Harin	B1	Name					- 	
JOSEPH, FRANK					A 1 1	(5 0 D	lo Net Assess	abla)		
2327 N.E. 5TH AVENUE			82	Street	Address	(P.O. Box Number	is incl. Acrebi	au na)		
POM	PANO BEACH FL 33064		83					·- <u>-</u>		
			84	City					85 Zip	Code
			1]				FL	[
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corpora	tion submits this stat	tement for the	purpose of	changing its	registered
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was auth ons of, Section 607.0505, Florida	onzed by Statutes	tne corpo i.	oration s	board of directors, i	Thereby acce	pt trio appoir	illion as re	gistered
SIGNATURE	4									
OIGHATORE.	digheture, typed or printed name of registered agent			nt signature n	required with	en remaining) ADDITIONS/CHA	WOED TO OF	DATE	O DIRECTO	100 IN 12
12.	OFFICERS AND	D DIRECTORS DELETE	13.		1	ADDITIONS/CHA	NGES TO UF	FIGERS AN	Change	☐ Addition
TITLE	D COURSE COASIN	C OFFE IL	1.1 NAME	j	İ				D · · •	
NAME	JOSEPH, FRANK			T ADDRESS	ļ					
STREET ADDRESS	1035 N.W. 7TH AVENUE				1					
CITY-ST-ZIP	FORT LAUDERDALE FL 33432	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-21-	V. 1	PRESIDEN	7		Change	Addition
TITLE NAME			22 NAME					4		•
_				T ADDRESS	27	DOTTE,	STH	AVE		
STREET ADDRESS	1		2.4 CFTY-1		7	MPANO	Br.AC	H, F	2 3	3064
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		 	·· <u>· · · · · · · · · · · · · · · · · ·</u>		1	Change	Addition
NAME			3.2 NAME	ļ	1					•
STREET ADDRESS			3.3 STREE	TADDRESS	_					
CITY-SI-ZIP			3.4.0574-9	5T-ZIP	<u> </u>					
TITLE		☐ DELETE	4.1 TITLE						Change	Addition
NAME			4.2 NAME		ł					
STREET ADDRESS			4.3 STREE	TADDRESS						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	Ļ				Clobana	CT Eddison
TITLE		Ď 9€ſĘĮĘ	5.1 TITLE	j	1				☐ Change	☐ Addition
NAME			5.2 NAME	TARROTTE						
STREET ADDRESS			i	TADORESS	1					
CITY-ST-ZIP		O per cité	5.4 CITY-S 6.1 TITLE	1-ZP	 			<u> </u>	Change	Addition
TITLE		☐ DELETÉ	6.2 NAME	ţ	\				T Charles	
NAME	ı			TADORESS	1					
STREET ADDRESS		·	V.5 31 PCE	- ADDRESS						

84 CITY-ST-ZP

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: K TOROX JOBE DE PLES

4/29/99

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