PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PO7000108112

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90050 015 ***150.00

S & S VEGETABLE BROKERS, INC. Principal Place of Business Mailing Address 8809 29TH STREET EAST 8809 29TH STREET EAST	
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PARRISH FL 34219 PARRISH FL 34219 DO NOT WRITE IN THIS SPACE	
3. Date incorporated or Qualifed	
12/26/1997	i
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	Applicable
Suite Art # atc	dditional
Solite, Apr. 9, etc. 5. Certificate of Status Desired Fee Rec	beniup
City & State 6	May Be
23 Trust Fund Contribution, Added to	
Zip Country Zip Country 8. This corporation owes the current year Intangible	
	□No.
9. Name and Address of Current Recistered Agent 10. Name and Address of New Registered Agent """	4-34-4
MAMINO WIM	, tb.,
KAKLIS, V W 82 Street Address (P.O. Box Number is Not Acceptable)	
8809 29TH STREET EAST	,
PARRISH FL 34219	
84 City	ode
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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 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 recommendation	registered pistered
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as regard. I am familiar own, and accept the obligations of, Section 607.0505, Florida Statutes.	registered gistered
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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 cath; 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.

5.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

me

NAME

STREET ADDRESS

DELETE