


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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90008 043 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	--

**DOCUMENT # P98000000535**

1. Corporation Name  
**FLORIDA FAMILY FOODS, INC.**



Principal Place of Business <b>980 NORTH FEDERAL HIGHWAY SUITE 205</b> <b>BOCA RATON FL 33432</b>	Mailing Address <b>980 NORTH FEDERAL HIGHWAY SUITE 205</b> <b>BOCA RATON FL 33432</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 788 STATE ROAD 434</b> Suite, Apt. #, etc. <b>22 SUITE #108</b> City & State <b>23 ALTAMONTE SPRINGS, FL</b> Zip <b>24 32714</b>		2a. Mailing Address <b>26 22336 COLLINGTON DR.</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 BOCA RATON, FL</b> Zip <b>29 33428</b>		3. Date Incorporated or Qualified <b>01/05/1998</b>	
4. FEI Number <b>65-0801749</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00</b> May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BLOCH, STUART E</b> <b>980 NORTH FEDERAL HIGHWAY SUITE 205</b> <b>BOCA RATON FL 33432</b>		10. Name and Address of New Registered Agent <b>81 Name JAMES E. SHEPHERD POHL &amp; SHORT, P.A.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 280 WEST CANTON AVENUE SUITE #410</b> <b>83</b> <b>84 City WINTER PARK FL 85 Zip Code 32790</b>	
---	--	---	--

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]* **JAMES E. SHEPHERD** **4/6/99**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE <b>D</b> NAME <b>AUGONE, MICHAEL</b> STREET ADDRESS <b>980 NORTH FEDERAL HIGHWAY SUITE 205</b> CITY-ST-ZIP <b>BOCA RATON FL 33432</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE <b>V/T</b> 1.2 NAME 1.3 STREET ADDRESS <b>22336 COLLINGTON DRIVE</b> 1.4 CITY-ST-ZIP <b>BOCA RATON, FL 33428</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE <b>D</b> NAME <b>AUGONE, JOSEPH</b> STREET ADDRESS <b>980 NORTH FEDERAL HIGHWAY SUITE 205</b> CITY-ST-ZIP <b>BOCA RATON FL 33432</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE <b>P</b> 2.2 NAME 2.3 STREET ADDRESS <b>2132 OLD MILL ROAD</b> 2.4 CITY-ST-ZIP <b>DELTONA, FL 32725</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE  NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE  NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE  NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE  NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **MICHAEL AUGONE** **4/30/99** **561-852-4991**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)