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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000017014

1. Corporation Name
HEALTH & FOOD SAFETY SOLUTIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1150 FAIRFAX LANE WESTON FL 33326
Mailing Address: 1150 FAIRFAX LANE WESTON FL 33326

3. Date Incorporated or Qualified: 02/20/1998

2. Principal Place of Business (21) Suite, Apt. #, etc. (22)
2a. Mailing Address (26) Suite, Apt. #, etc. (27)

4. FEI Number: 65-0827986
Applied For: Not Applicable

23. City & State (23) (28)

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

24. Zip (24) Country (25) (29) Zip (30) Country (30)

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

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

FRIEDMAN, ROSELLE
1150 FAIRFAX LANE
WESTON FL 33326

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

Table with 6 rows for Officers and Directors (12). Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with a 'DELETE' checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors (13). Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with 'Change' and '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: Roselle Friedman RE Roselle Friedman 4/28/99 954-384-0235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)