

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90112 005 \*\*\*150.00

DOCUMENT # P98000023387

1. Corporation Name  
CULTIFRESH, INC.

Principal Place of Business  
4875 NORTH FEDERAL HIGHWAY  
SEVENTH FLOOR  
FT LAUDERDALE FL 33308

Mailing Address  
4875 NORTH FEDERAL HIGHWAY  
SEVENTH FLOOR  
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1998

4. FEI Number  
65-0904727

Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2050 E. Oakland Pk Blvd  
Suite, Apt. #, etc.  
22 Suite # 209

23 City & State  
Fort Lauderdale, FL.

24 Zip Country  
33306

2a. Mailing Address

26 2050 E. Oakland Pk Blvd  
Suite, Apt. #, etc.  
27 Suite # 209

28 City & State  
Fort Lauderdale, FL

29 Zip Country  
33306

9. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R  
4875 NORTH FEDERAL HIGHWAY  
SEVENTH FLOOR  
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BRODY, JANETH  
STREET ADDRESS 4875 NORTH FEDERAL HIGHWAY  
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE D ☐ DELETE  
NAME YOUNG, DOUG  
STREET ADDRESS 4875 NORTH FEDERAL HIGHWAY  
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME President  
3.3 STREET ADDRESS Leigh Simons  
3.4 CITY-ST-ZIP 28870 US Hwy 19 Ste 300  
Clearwater, FL 33761

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 (954) 561-0371

CR2E034 (1/98)

0285648