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

DOCUMENT

1. Corporation Name FOREVER PRODUCE, INC.							
Principal Place of Business	Ma	ailing Address					i ibalitanı isə ibini insii s
8315 SW 42ND COURT 8315 SW 42ND COURT DAVIE FL 33328 DAVIE FL 33328						DO NOT	
		•					 Date Incorporated or Qual 03/25/1998
2. Principal Place of Business	2a. 26	2a. Mailing Address					に FEI Number 少Sーの省ンレン
Suite, Apt. #, etc.	27	Suite, Apt. #,	ite, Apt. #, etc.				5. Certifcate of Status Desir
City & State				(Election Campaign Finan		
Zip Countr	y 29	Zip	30	Country 30			 This corporation owes the Personal Property Tax.
	ess of Current Regis	tered Agent	•			10). Name and Address of I
				81	Name		
LENOCI, DONNA 8315 SW 42ND COURT DAVIE FL 33328			82	Street	Address (P.O. Box Number is Not Ad		
			83				
					City		
Pursuant to the provisions of Secoffice or registered agent, or both agent. I am familiar with, and according to the second	in the State of Florid	la Such chádo	ia was auth	orized by	the corp	corporati oration's (on submits this statement for board of directors. I hereby
SIGNATURE Signature, typed or printed name		f applicable	/NOTE: Pa	gistered Agen	ıt signatiye :	equired wher	reinstating)
	of registered agent and title in		(NOTE: NO	13.	it segmaturer i	oquilou Milo	ADDITIONS/CHANGES T
TITIE NP	DELETE 1.1 TO				•		·

FILED Apr 06, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address								
8315 SW 42ND COURT		8315 SW 42ND COURT								
DAVIE FL 33328		DAVIE FL 33328				DO NOT WRITE IN THIS SPACE				
		•					E IN INIS S	PACE		1
						3. Date incorporated or Qualifed				
			····			03/25/1998		Π.	antiad Car	┨
2. Principal Pl	Place of Business 2a. Mailing Address			4. FEI Number			Applied For	-		
21	26			62-08-			iot Applicable	┨		
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired					
22		27					<u> </u>		'	┨
City & State	•	City & State	City & State		6. Election Campaign Financing		· - ·	May Be		
23		_ 28	<u> </u>		Trust Fund Contribution			i to Fees	-	
Zip	Country	Zip	Zip Country		8. This corporation owes the curre					
24	25	29	30	30		Personal Property Tax.		Yes	□No	4
	9. Name and Address of Curren	t Registered Agent		,		10. Name and Address of New R	egistered A	jent		-
				81	Name					
	DCI, DONNA			82	Street Addre	ss (P.O. Box Number is Not Acceptate	ole)			1
8315	SW 42ND COURT			-	Ollect Addres	00 (1 .0. 00x (10))	,			
DAVI	E FL 33328			83]
				Ш				I 		4
	,			84	City		FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florid	a Statutes, the a	bove-	named corpo	ration submits this statement for the	ourpose of ch	anging if	s registered	1
office or re	to the provisions of Sections 607.050. egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such chând	e was authorized	וז עם נ	he corporation	n's board of directors. I hereby accept	the appoint	nent as r	egistered	-
agent. i ai	m ramiliar with, and accept the obligat	lions of, Section 607.0	JOJ, FIDINGA GIAL	ulca.				,		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if annicable	(NOTE: Registered	Agent	signature required	when reinstating)	DATE] ;
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12	1
TITLE	DP	∏ DE		TLE				Change		1
	LENOCI. VITO		1.2 N		1					
NAME	8315 SW 42ND COURT				ADDRESS -					H
STREET ADDRESS					1					H
CITY-ST-ZIP	DAVIE FL 33328	☐ DE		TY-ST-	ZIP			Change	Addition	1 7
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STREET ADDRESS	8315 SW 42ND COURT		2.3 ST	IREET A	ADDRESS					
CITY-ST-ZIP	DAVIE FL 33328			ITY-ST	- ZIP					-
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STREET ADDRESS			3.3 5	TREET /	ADDRESS			·		ير إ
CITY-ST-ZIP			3.4. C	ITY-ST	- ZIP]_
TITLE	**************************************	□ DE						Change	Addition	1
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STREET ADDRESS					ADDRESS			-		
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i			5.2 N				'			1
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STREET ADDRESS			1		ì)
CITY-ST-ZIP				TY-ST-	ZIP	<u> </u>		Change	Addition	1
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NAME	١/	1	6.2 N							1
STREET ADDRESS	1/	/	6.3 51	TREET A	ADDRESS		•			1

6.4 CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information annual report is true and acqurate and that my signature shall have the same legal effect as if made under oath; that I am an over a frustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in intent with an address, with all other like empowered. 14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation or the re Block 12 or Block 13 if changel, or one or at

SIGNATURE:

ZALURE REDESTED
FE OR PRINTED NAME OF SIGNING OFFICEDOR DIRECTOR

954 370 8190