PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000052978

PRODUCE STOP OF POMPANO BEACH, INC.											,
	٠						A FORFITARY (NO COLOR) CONTINUOS OR (N	10152 2010 2 2111	 	1802 1818 1818	,
Principal Place of Business Mailing Address							A SYMPTARY SIM INTER IREST MUNIC MUNIC CONTRACT	POLITY MINTER SPITIA	GIBTA PAPEL I	APAT INTERACTO	ļ
677 N FEDERAL HWY 677 N FEDERAL HWY					-	,					
POMPANO BE	ACH FL 33062	POMPAR	IO BEACH FL 3306	2			DO NOT WRITE	IN THIS SPA	CE	~	، سيد
							3. Date Incorporated or Qualifed	IN THIS SEA	TOE .		1
}	_			,			06/12/1998				1
2. Principal F	Place of Business	2a. Mail	ing Address				# FEI Number // COC /		Apr	lied For	
21		26		٠			65-0844791		Not	Applicable	1
Sulte, Apt	. #. etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 a		1
22 City 8 Sta		27							Fee Rec		ļ
City & Sta		City & State					6. Election Campaign Financing \$5.00 May Be				
Zip	Country	28] Zip			intry		Trust Fund Contribution Added to Fees				1 .
24	25 29		·		30		8. This corporation owes the current year intangible Personal Property Tax.			∃No	l
	9. Name and Address of Curren			-	<u> </u>		10. Name and Address of New Reg				Ι.
					81	Name					
	LUFE, JORGE R				82	Charact Balabas	on (D.O. Day Mumber to Net Assessments)				
22412 CYPRESS WOOD LANE					02	Street Addres	is (P.O. Box Number is Not Acceptable	,		ļ	١.
BU	CA RATON FL 33428				83						ŀ
					84	City		las	Zip C	ode	ı
				•	l i			FL 85			
11. Pursuant	to the provisions of Sections 607.050;	2 and 607.15	08, Florida Statute	, the a	bove-	named corpor	ation submits this statement for the pur s board of directors, I hereby accept the	pose of chan	ging its r	egistered	l :
agent. I a	am familiar with, and accept the obligat	tions of, Secti	ion 607.0505, Flori	ia Stat	rtes.	(10 COLPARIDON	s ocard or directors, I hereby accept to	o appointie	in as ing	310100	1
SIGNATURE											, ,
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ri OFFICERS AND DIRECTORS			egistered Agent signature required w		signature required w	ADDITIONS/CHANGES TO OFFICE	DATE	DECTOR	S IN 12	8
YITLE	D DELETE			13 TITLE			7,007110110347,04020 10 011101		Change	Addition	CR2E034 (11/98)
NAME	FREEMAN, LISA M		1.2 NAME				_	-	_	4	
STREET ADDRESS	2700 NE 12 ST			1.3 STREET ADDRESS		DORESS				i	ြုတ္တု
CATY-ST-ZIP	POMPANO BEACH FL 33062			1.4 CT	IY-ST-	ZIP					្ដ
TITLE	D		DELETE	2.1 TIT					hange	☐ Addition	Ö
-NAME -	FREEMAN MATTHEW B			22NA	NE -	-		 			
STREET ADDRESS				2.3 ST	2.3 STREET ADDRESS					ļ	ı
CTTY-ST-ZIP	POMPANO BEACH FL 33062		2.4 CITY-ST-2IP		.ze					i	
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NAME	ì										
STREET ADDRESS	1			3.2 NA				υ,			
			~	3.9 ST	REETA	DOPESS					
CITY-ST-ZIP				3.3 STI 3.4. CT	REET A	i		 			 -
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

A19-99

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90193 039 ***150.00