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FILED

Feb 11 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S56297 (2)

1. Corporation Name
ALL FLORIDA JUICE CORPORATION, INC.

Principal Place of Business

RT 1 BOX 3-A
ONA FL 33865

Mailing Address

RT 1 BOX 3-A
ONA FL 33865-9725

Post Office gave a street address.

21. Principal Place of Business
4406 Bridges Rd.2a. Mailing Address
4406 Bridges Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23. Ona FL

City & State

28. Ona FL

Zip

24. 33865

Country

25. USA

Zip

29. 33865

Country

30. USA

9. Name and Address of Current Registered Agent

WAGNER, DENISE
4521 MERCADO DR
SEBRING FL 33872

3. Date Incorporated or Qualified

05/30/1991

3a. Date of Last Report

06/21/1996

4. FEI Number

65-0313643

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

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

Denise Wagner

Denise Wagner - Business Mgr.

1-31-97

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 ☐ DELETEP
ABRONS, H L
RT 1 BOX 3-A
ONA FLTITLE ☐ DELETEVT
JASON CHANG
RT. 1, BOX 3-A
ONA FLTITLE ☐ DELETES
SYLVIA M. COLEMAN
RT. 1, BOX 3-A
ONA FLTITLE ☐ DELETED
H.L. ABRONS
RT. 1, BOX 3-A
ONA FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
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

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 do 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.

SIGNATURE:

JASON CHANG

1-31-97

941 735-1144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0394724

CR2E034 (9/96)