

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V00243** (8)

1. Corporation Name
FLORIDA FRESH DISTRIBUTORS INC.

Principal Place of Business
**1315 29TH ST.
ORLANDO FL 32805**

Mailing Address
**PO BOX 618383
ORLANDO FL 32861-8383**

3. Date Incorporated or Qualified 12/16/1991	3a. Date of Last Report 09/24/1996
4. FEI Number 59-3105940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent REID, THOMAS A 1315 29TH ST. ORLANDO FL 32805	10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, THOMAS A	1.2	
STREET ADDRESS	1315 29TH ST.	1.3	ST ADDRESS
CITY - ST - ZIP	ORLANDO FL 32805	1.4	ST - ZIP
TITLE	V	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUAGLIARDO, SAL	2.2	
STREET ADDRESS	6802 GLENCOE DR.	2.3	ST ADDRESS
CITY - ST - ZIP	TEMPLE TERRACE FL 33617	2.4	ST - ZIP
TITLE	T	3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, KAY	3.2	
STREET ADDRESS	17926 CLEAR LAKE DR.	3.3	ST ADDRESS
CITY - ST - ZIP	LUTZ FL 33549	3.4	ST - ZIP
TITLE		4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.3	ST ADDRESS
CITY - ST - ZIP		4.4	ST - ZIP
TITLE		5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.3	ST ADDRESS
CITY - ST - ZIP		5.4	ST - ZIP
TITLE		6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.3	ST ADDRESS
CITY - ST - ZIP		6.4	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 file 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (407) 422-6448
Date Daytime Phone #

CR2E034 (9/96)