PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DE PARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

99 SEP 29 AH 10: 53

SECANIACIN' OF STATE TALLAHASSEE, FLORIDA

**DOCUMENT # V01653** FLORIDA BABY FOOD CENTER OF ORLANDO, INC.

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72 WILSI			

US

Mailing Address

172 WILSHIRE BLVD CASSELBERRY FL 32707

2. Principal Pra	Sausalito Blud.	2a. Mailing A 26 20 4 Suite, Apl	iausalito Block
22 <sup>1</sup>		27	
City & State		City & Sta	nte
		28	a riging
Zη.	Country	Zip	Country r I
04	25	1291	301

9. Name and Address of Current Registered Agent

LIAVONA, JOSE 172 WILSHIRE BLVD CASSELBERRY FL 32707

COLUMN TE OFFE	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  12/20/1991			
Mailing Address 04 Sausalito Blvd juite, Apt #, etc	4. FEI Number 65-0301825	Applied For Not Applicat		
	5. Certifcate of Status Desired [ ]	\$8.75 Additional Fee Required		
City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Feos		
ip Country	8. This corporation owes the current year Intangible			

10. Name and Address of New Registered Agent B1 Name Street Address (P.O. Box Number is Not Acceptable) 82 83 84 City

11. Fursiant 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. Turn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS [ | DELETE Change [ | Addition 1100 11 TITLE LIAVONA, JOSE A 204 SAUSALito Blvd. NAME 1.2 NAME 519, 1141×10 172 WILDHIRE BLVD 1.3 STREET ADDRESS CASSELBERRY FL Olly-51-76 1.4 CiTY+S1-ZIP THEF [ | DELETE 21 TITLE [] Change [] Addition 1.00 22 NAME 900003006309---4 -10/05/93--01093--021 51Rel LATRAGES 2.3 STREET ADDRESS 2 4 City-St-ZiP \*\*\*\*400.00 [\*\*\*\*400.80 on [ | DELETE 11.0 31111LF NO 3.2 NAME 900003006303---4 -10/05/93--01038--022 33 STREET ADDRESS (dr. 5) 76 3.4 CITY-ST-ZIP \*\*\*\*150.00 [\*\*\*\*150.00 on [ | DELETE FILE 4 1 TITLE N29 4 2 NAME Struct Allows 4.3 STREET ADORESS 6-18-51 700 4.4 C(1Y-S1-Z)? [ | DELETE 101.1 51 TiTLE [ ] Addition 52 NAME N225 5.3 STREET ADDRESS 5-160 F ACCES 1 5.4 CITY-ST-ZP C 11-St 2+ [ | DELFTE 61TIILE 11.15 [ ] Addition 6.2 NAME ME 63STREELADORESS SARS CATION S 64 CITY-ST-ZIP

Thereby 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:

CR2E034

Applied For Not Applicable

[]No

85 Zip Cod€