

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V17837 (8)
 1. Corporation Name
BOB'S JUICE GROVES, INC.



Principal Place of Business C/O PHILIP H. MONDSCHNEIN 9000 S.W. 87TH COURT, SUITE 218 MIAMI FL 33176	Mailing Address C/O PHILIP H. MONDSCHNEIN 9000 S.W. 87TH COURT, SUITE 218 MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/28/1992 4. FEI Number 65-0324809 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MONDSCHNEIN, PHILIP H 9000 S.W. 87TH COURT #218 MIAMI FL 33176	10. Name and Address of New Registered Agent 81 Name Sam Thompson 82 Street Address (P.O. Box Number is Not Acceptable) 8835 NW 3RD COURT 83 84 City Coral Springs FL 85 Zip Code 33041
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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 Sam Thompson 6-8-98
 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME PD HELLER, DR. ROBERT STREET ADDRESS 9000 S.W. 87TH COURT, #218 CITY-ST-ZIP MIAMI FL 33176	<input type="checkbox"/> DELETE	1.1 TITLE PD Heller, Dr. Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 5900 SW 73RD Street #208 1.4 CITY-ST-ZIP South Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STD HELLER, MARLENE F STREET ADDRESS 9000 S.W. 87TH COURT, #218 CITY-ST-ZIP MIAMI FL 33176	<input type="checkbox"/> DELETE	2.1 TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Heller, Marlene F 2.3 STREET ADDRESS 5900 SW 73RD Street #208 2.4 CITY-ST-ZIP South Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or on an attachment with an address.

SIGNATURE Robert Heller / Robert Heller 3-3-98 306.0816

CR2E034 (10/97)