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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V33881

(6)

ANNABELLE CITRUS, INC.

FILED Apr 14 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 400 NORTH NEW YORK AVE. P.O. BOX 3316 102 SUITE 200 WINTER PARK FL 32789 WINTER PARK FL 32789 US			I CODII DICON INDE INDE SUNT SUNT SUNT	IBII ALATI ALALI DININ USUN BINIS INDI	
		SUITE 200 WINTER PARK FL 32789		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3. Date Incorporated or Qualified
				04/29/1992	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3119539	Not Applicable
Suite, Apt. 1		Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 30	
<u> </u>	g, Name and Address of Curre		130	10. Name and Address of New Regi	
CHA	AMBERS, BURGESS	· · · · · · · · · · · · · · · · · · ·	81 Name		
400	NORTH NEW YORK AVE.	suite 102	82 Street	Address (P.O. Box Number is Not Acceptable)
WW	ITER PARK FL 32789		01.000	tadios (i io box italias io italiae plasie	,
****			83		
			84 City		85 Zip Code
					FL]
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obli	te of Florida. Such change was :	authorized by the corp	corporation submits this statement for the pur poration's board of directors. I hereby accept	pose of changing its registered the appointment as registered
	The state of the s	g			
SIGNATURE	<u> </u>	ANOT	f. Conistand Acces signature	required when reinstation)	DATE
	Signature, typed or printed name of registered a OFFICERS A	<u>"</u>	E. Registered Agent signature		DATE RS AND DIRECTORS IN 12
12.		gent mid life if applicable (NOT ND DIRECTORS DELETE	E Registered Agent eignature 13. 1.1 TITLE	required when reinstating) ADDITIONS/CHANGES TO OFFICE	
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