

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V38999** (1)
1. Corporation Name
JUICE AMERICA, INC.



Principal Place of Business 787 TAMIAHI TRAIL MURDOCK FL 33953	Mailing Address 200 S. ORANGE AVE. SUITE 2900 ORLANDO FL 32801-0440 US
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2. Principal Place of Business 21 787 TAMIAHI TR	2a. Mailing Address 26 787 TAMIAHI TR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port Charlotte, FL	City & State 28 Port Charlotte FL
Zip 24 33953	Country 25 US

3. Date Incorporated or Qualified 05/26/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0393219	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	

9. Name and Address of Current Registered Agent A.G.O. CO. 200 S. ORANGE AVE. SUITE 2900 ORLANDO FL 32801	
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10. Name and Address of New Registered Agent	
81 Name Joanne Sch Colantuono	
82 Street Address (P.O. Box Number is Not Acceptable) 787 TAMIAHI TR	
83	
84 City Port Charlotte	85 Zip Code FL 33953

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: **Joanne Colantuono** DATE: **29 Apr 97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COLANTUONO, JOANNE M. 787 TAMIAHI TRAIL MURDOCK FL Port Charlotte, FL.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BECKER, JEFFREY E 200 SOUTH ORANGE AVENUE, #2900 ORLANDO FL 32801	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Colantuono 787 TAMIAHI TR, Port Charlotte, FL. Executive Administrator	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Executive Administrator William Colantuono 787 TAMIAHI TR Port Charlotte FL 33953	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: **Joanne Colantuono** DATE: **24 Mar 97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)