

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90137 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V44961

1. Corporation Name
FLORIDA FLAVORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4330 DRANE FIELD ROAD LAKELAND FL 33811	Mailing Address 4330 DRANE FIELD ROAD LAKELAND FL 33811
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3. Date Incorporated or Qualified 06/18/1992	4. FEI Number 59-3129690	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 owes the current year Intangible Personal Property Tax.	<input checked="" 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 Country	28 Zip Country
24 [] 25 []	29 [] 30 []

9. Name and Address of Current Registered Agent

KRYGER, ALLEN C.
999 LAKE HOLLINGSWORTH DR
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KRYGER, ALLEN C.	
STREET ADDRESS	999 LAKE HOLLINGSWORTH DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRYGER, MARJETA	
STREET ADDRESS	999 LAKE HOLLINGSWORTH DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	BECK, WESLEY	
STREET ADDRESS	2209 NEVADA ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	KRYGER, ROBERT	
STREET ADDRESS	301 PALMOLA ST.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	BECK, MAYA	
STREET ADDRESS	2209 NEVADA ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	KRYGER, JUDY	
STREET ADDRESS	1806 SEMINOLE TRAIL	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED 3/30/99** Date: _____ (941) 651-0165

CR2E034 (1/98)