

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

1996-19-96

B 3953

C

DOCUMENT # **634043** (4)

1. Corporation Name

UNITED AMERICAN CITRUS, INC.



Principal Place of Business

Mailing Address

3015 N OCEAN BLVD #104
FT. LAUDERDALE FL 33308

3015 N OCEAN BLVD #104
FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified
08/28/1979

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1951880

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERBER, EDWARD H.
3015 N OCEAN BLVD #104
FT. LAUDERDALE FL 33308**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GERBER, EDWARD H.	
STREET ADDRESS	3015 N OCEAN BLVD #104	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	RUBI, MARIA M.	
STREET ADDRESS	3015 N. OCEAN BLVD #104	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TROXEL, SUE A.	
STREET ADDRESS	3015 N. OCEAN BLVD #104	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOULIN, MICHAEL B.	
STREET ADDRESS	3015 N. OCEAN BLVD #104	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	TROXEL, SIDNEY R	
STREET ADDRESS	3015 N. OCEAN BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michael B. Houlin Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96
Date

954/563-0334
Daytime Phone #

CR2E034 (12/95)