

**FILE NOW: FILING FEE AFTER MAY 1 IS \$560.00**

AMENDED ANNUAL REPORT

PROFIT CORPORATION  
 AMENDED ANNUAL REPORT  
 1997

FLORIDA DEPARTMENT OF STATE  
 Sandra S. Northern  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

97 AUG 25 PM 12:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # F93000004054**  
 1. Corporation Name  
 Citrusuco North America, Inc.

Principal Place of Business  
 3911 N. Highway 19A  
 Suite 3  
 Mount Dora, FL 32757

Mailing Address  
 P.O. Drawer 1368  
 Mount Dora, FL 32757

2. Date Incorporated or Qualified  
 9/7/93

3a. Date of Last Report  
 1/21/97

4. FEI Number  
 51-0272828

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$6.75 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. 189.032, Florida Statutes  Yes  No

21. Principal Place of Business  
 same as above

25. Mailing Address  
 same as above

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

Lewis W. Stone  
 4850 N. Highway 19A  
 Mount Dora, FL 32757

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 based on printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Harry Schleifer	
STREET ADDRESS	ABC-STRABE 44, 20354 Hamburg	
CITY-ST-ZIP	Germany	
TITLE	President	<input type="checkbox"/> DELETE
NAME	J. Elliott Seabrook	
STREET ADDRESS	40742 SR 19	
CITY-ST-ZIP	Unatilla, FL 32784	
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	Dennis J. Helms	
STREET ADDRESS	36207 N. CR44A	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	100002275921--0
1.4 CITY-ST-ZIP	-08/25/97--01062--001
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 does not qualify for the exemption stated in Section 119.07(5)(b), 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: *Dennis J. Helms* Dennis J. Helms, Secretary 8/22/97 (352) 383-2500

SIGNATURE AND TYPE OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR Date District Phone #