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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000038605 (0)

1. Corporation Name
PLANTATION EXPORT, INC.



Principal Place of Business: 5871 N. UNIVERSITY DRIVE, DEPT 500, TAMARAC FL 33321, US
Mailing Address: 5871 NORTH UNIVERSITY DRIVE, DEPARTMENT 500, TAMARAC FL 33321-4617, US

3. Date Incorporated or Qualified: 05/25/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

4. FEI Number: 65-0414813
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 [X]

9. Name and Address of Current Registered Agent

HELPLER SR., DAVID P.
837 NORTHWEST 79 TERRACE
PLANTATION FL 33324

COLLECT

SPELLING

10. Name and Address of New Registered Agent

81. Name: HEPLER, DAVID P.
82. Street Address (P.O. Box Number is Not Applicable): 837 NW 79 TERRACE
83. City: PLANTATION
84. State: FL 85. ZIP: 33324

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1. TITLE: P
2. NAME: HEPLER ST., DAVID P.
3. STREET ADDRESS: 837 NORTHWEST 79 TERRACE
4. CITY-ST-ZIP: PLANTATION FL

1. TITLE: ST
2. NAME: HELPLER, ELSY C.
3. STREET ADDRESS: 837 NORTHWEST 79 TERRACE
4. CITY-ST-ZIP: PLANTATION FL

1. TITLE: VP
2. NAME: HELPLER, JOLANDA
3. STREET ADDRESS: 837 NORTHWEST 79 TERRACE
4. CITY-ST-ZIP: PLANTATION FL

1. TITLE: [] DELETE
2. NAME: []
3. STREET ADDRESS: []
4. CITY-ST-ZIP: []

1. TITLE: [] DELETE
2. NAME: []
3. STREET ADDRESS: []
4. CITY-ST-ZIP: []

1. TITLE: [] DELETE
2. NAME: []
3. STREET ADDRESS: []
4. CITY-ST-ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ST
1.2 NAME: DAVID D. HEPLER SR
1.3 STREET ADDRESS: 837 NW 79 TERRACE
1.4 CITY-ST-ZIP: PLANTATION, FL 33324
Change [X] Addition []

2.1 TITLE: PRESIDENT
2.2 NAME: HELPLER, ELSY C.
2.3 STREET ADDRESS: 837 NW 79 TERRACE
2.4 CITY-ST-ZIP: PLANTATION, FL 33324
Change [X] Addition []

3.1 TITLE: [] Change [] Addition []
3.2 NAME: []
3.3 STREET ADDRESS: []
3.4. CITY-ST-ZIP: []

4.1 TITLE: [] Change [] Addition []
4.2 NAME: []
4.3 STREET ADDRESS: []
4.4 CITY-ST-ZIP: []

5.1 TITLE: [] Change [] Addition []
5.2 NAME: []
5.3 STREET ADDRESS: []
5.4 CITY-ST-ZIP: []

6.1 TITLE: [] Change [] 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(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 (854) 722-0025
Date Daytime Phone #

CR2E034 (9/96)