

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000093694 (5)**

1. Corporation Name

**UNITED AMERICAN CITRUS GROVE, INC.**



Principal Place of Business

**3015 N OCEAN BLVD #104  
FORT LAUDERDALE FL 33308**

Mailing Address

**3015 N OCEAN BLVD #104  
FORT LAUDERDALE FL 33308**

3. Date Incorporated or Qualified <b>12/27/1994</b>	3a. Date of Last Report <b>04/25/1995</b>
4. FEI Number <b>65-0542935</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes. <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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**TROXEL, SIDNEY R  
3015 N OCEAN BLVD #104  
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL 85</b> Zip Code

11. Pursuant to the provisions of Sections 607.050 and 607.1500, 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 607.050, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>TROXEL, SIDNEY R</b>	
STREET ADDRESS	<b>3015 N OCEAN BLVD #104</b>	
CITY, ST, ZIP	<b>FORT LAUDERDALE FL 33308</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>HOHULIN, MICHAEL B</b>	
STREET ADDRESS	<b>3015 N OCEAN BLVD #104</b>	
CITY, ST, ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>GERBER, EDWARD H</b>	
STREET ADDRESS	<b>3015 N OCEAN BLVD #104</b>	
CITY, ST, ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>RUBI, MARIA M</b>	
STREET ADDRESS	<b>3015 N OCEAN BLVD #104</b>	
CITY, ST, ZIP	<b>FORT LAUDERDALE FL 33308</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	<b>V/D/AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	<b>V/D/AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied herein is true and correct and that I am not qualified for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information disclosed on this annual report or any public use 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 or person 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 if an addition with an address.

SIGNATURE: *Michael B. Hohulin V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Michael B. Hohulin**

4/15/96 954/563-0334

CR2E034 (12/95)