

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

FILED

**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33308-7300
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3. Date Incorporated or Qualified 12/27/1994	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0542935	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	25 Country	29 Country	30 Country
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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			
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROXEL, SIDNEY R	1.2 NAME	
STREET ADDRESS	3015 N OCEAN BLVD #104	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	VDAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOHULIN, MICHAEL B	2.2 NAME	
STREET ADDRESS	3015 N OCEAN BLVD #104	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VDAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, EDWARD H	3.2 NAME	
STREET ADDRESS	3015 N OCEAN BLVD #104	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBI, MARIA M	4.2 NAME	
STREET ADDRESS	3015 N OCEAN BLVD #104	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Michael B. Hohulin* V.P. **4/28/97** **954/563-0334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Michael B. Hohulin

CR2E034 (9/96)