

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

JUN 21 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P.97000095993

1. Corporation Name

SUN-LITE CITRUS CO. INC.

Principal Place of Business

Mailing Address

6721. US. 27. SOUTH.
SEBRING.
FLORIDA. 33872.

6721. US. 27. SOUTH.
SEBRING.
FLORIDA. 33872.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11.05.1997

2. Principal Place of Business

2a. Mailing Address

21 6721. US. 27. SOUTH

26 6721. US. 27. SOUTH

4. FEI Number

65-0819434

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 owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELAINE LUCAS
3411. TAMIAHI TRAIL NORTH.
SUITE 204.
NAPLES. FLORIDA. 34103.

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	PRESIDENT. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE W. IBRAHIM	1.2 NAME	
STREET ADDRESS	6721. US. 27. SOUTH	1.3 STREET ADDRESS	300002750853--7
CITY-ST-ZIP	SEBRING. FLORIDA. 33872	1.4 CITY-ST-ZIP	-01/21/99--01117--024
TITLE	VICE PRESIDENT. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN E. M. IBRAHIM	2.2 NAME	
STREET ADDRESS	6721. US. 27. SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING. FLORIDA. 33872	2.4 CITY-ST-ZIP	
TITLE	SECRETARY. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALASTAIR A.W. IBRAHIM	3.2 NAME	
STREET ADDRESS	6721. US. 27. SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING. FLORIDA. 33872	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01. 15. 1999 94. 386. 9122

CR2E034 (11/98)