SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Piace of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 590574

(0)

Mailing Address

TIKAL TRADING COMPANY

Aug	14	1997	8:00am
Se	creta	ary o	f State

FILED

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Some and Address of Current Registered Agent State		├ ─┪ '	<u></u>	´				
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KEY WEST FL 33040 84 City FL 85 Zip Codo 11. Pursuant to the provisions of Sentions 607 0502 and 607 1506, Florida Statutes, the above named corporation submits this attatement for the purpose of changing its registered agent, or both, in this State of Florida. Statutes, the above named corporation submits this attatement for the purpose of changing its registered agent, or both, in this State of Florida. Statutes, agent 1 and familiar with, and sceept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PERSONAL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEBB, GEORGE CREIGHTON 57 2 TURILES DR KEY WEST FL 1. STREET ADDRESS CITY-ST-ZIP TITLE NAME WEBB, BARBARA 22 RAME 23 RAME 24 RAME 32 RAME 32 RAME 32 RAME 32 RAME 47 TURILES DR KEY WEST FL DELETE 1.1 TITLE								
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stetutes the above-named corporation submits this statement for the purpose of changing its 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, or both in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the objections of O.Section 607.0505, Florida Statutes. SIGNATURE Signature. Support or prietal networ of ingertional agent and the if Agenturiate (Province Agent) and the if Agenturate (Province Agent) and the if Agenturate (Province Agent) agent are the interest of the purpose of changing its registered agent, or both in the State of Florida Statutes. SIGNATURE Signature. Support of prietal networ of ingertional agent and the if Agenturate (Province Agent) agent are the interest of the purpose of changing its registered agent. In the page of the appointment as registered agent. In the purpose of changing its registered agent. In the page of the appointment as registered agent. In the page of the appointment as registered agent. In the page of the appointment as registered agent. In the page of the appointment as registered agent. In the page of the provision submits this statement for the purpose of changing its registered agent. In the page of the page					Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
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Agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regulating agent and learly applicable. PNOTE Prejudence Agent agration required agent and learly applicable. PNOTE Prejudence Agent agration required specific process. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE	11. Pursuant t	o the provisions of Sections 607.	0502 and 607 1508, Florida Statutes	s, the above-	named co	rporation submits this statement for the p	urpose of chang	ing its registered
SIGNATURE	office or re	e gistered agent, or both, in the St m fam iliar with, and accept the ob-	ate of Florida. Such change was au bligations of Section 607,0505. Flor	uthorized by t rida Statutes.	he corpor	ation's board of directors. Thereby accep	t the appointme	nt as registered
Signature, typed or pricial rainer of registered appeal and ties of graphuse (Price of graphuse required when reminating) DATE			g					
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14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the	CITY-ST-ZIP	and if the the information	olined cults thin filing does not a set			ed in Continu 110 07/20/0 Florida Cartida	I further see if	that the

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

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