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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Jan 28 1997 8:00am

Secretary of State

35-242-5109

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94838

(2)

EAST GLADE TROPICALS, INC.

Principal Flace	e of Business	Mailing Address	<del></del>				
18455 SW 264 STREET HOMESTEAD FL 33031		18455 SW 264 STREEY HOMESTEAD FL 33031-1883					
					3. Date Incorporated or Qualified 06/16/1982	3a. Date of Last R 02/29/1996	
2. Principal Pr	lace of Business	2a. Mailing Address			4. FEI Number	<del>  </del>	plied For
<del></del>		Suite, Apt. #, etc.			59-2251365	\$9.75	t Applicable Additional
22		27			5. Certificate of Status Desired	Fee Re	
City & State 23	0	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added	
Zip			*******	8. This corporation has liability for intangible tax under s. 199.0		. 199.032,	
24	25 9. Name and Address of Curre	29 ant Pagistered Agent	30		Florida Statutes  10. Name and Address of New Reg	Yes No	
		ii nafisialan Mair	8	1 Name	10, Name and Address of New Yes	Seroien Water	
	MOTT, JOHN C						
18455 SW 264 ST HOMESTEAD, FL			8	Street Ad	dress (P.O. Box Number is Not Acceptable	le)	
3303	•		8	3			
0000	<b>ν</b> 1		8	4 City		les Zie	Code
			*	City		FL 85 Zip	Code
office or re	to the provisions of Sections 607.05( egistered agent for both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized I	by the corpor	orporation submits this statement for the praction's board of directors. I hereby accep	urpose of changing it it the appointment as	s registered registered
SIGNATORE	Signature, typed or about havir of registered ag			gent signature red	quired when reinstating)	DATE.	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	<del> </del>	
TITLE	D PROPERTY OF THE PROPERTY OF	☐ DELETE	1.1 TITLE			L Change	Addition
NAME	ARNOLD, RICHARDS S		1.2 NAM				
STREET ADDRESS	P O BOX 330808 N/A		1	ET ADDRESS			
CiTY-S1-ZiP TILE	COCONUT GROVE FL PD	DELETE	1.4 CITY 2.1 TITLE			☐ Change	Addition
NAME	DEMOTT, JOHN C	Land Decert	2.2 NAM			Orango	recentors
STREET ADDRESS	18455 SW 264 STREET			et address			
OTY-ST-7P	HOMESTEAD FL		2 4 City				
TITLE	D	□ DELETE 31			☐ Change ☐ Adx		☐ Addition
NAME	DEMOTT, . RAYMOND C		32 NAM	:			
STREET ADDRESS	P O BOX 4185 N/A		33 STRE	ET ADDRESS			
CITY - ST - ZIP	PR FL		34. City	-ST-ZIP			
Total		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4.2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY - \$1 - ZIP			4.4 CITY		······································		
THEF		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE	<del></del>	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME		[ ] octet	6.1 IIILE 6.2 NAM			Land Gridings	LI MUUUNN
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
14. I do herel	L by certify that the information supplie	ed with this filing does not qual	ify for the e	remption stat	ted in Section 119.07(3)(i), Florida Statutes	s. I further certify that	the
Informatio	on indicated on this annual report or	supplemental annual report is	true and ac	curate and th	nat my signature shall have the same lega port as required by Chapter 607, Florida S	l effect as if made un	der oath: that