

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

DOCUMENT # G81258

1. Corporation Name

SOUTHERN TROPICALS, INC.

Principal Place of Business

8720 156TH CT., S.  
DELRAY BCH. FL 33446  
US

Mailing Address

11423 WOODCHUCK DR  
BOCA RATON FL 33428  
US

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90001 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1984

4. FEI Number

59-2368329

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Plantation, FL

29

Zip

30

Country

USA

9. Name and Address of Current Registered Agent

LEVENSTEIN, RICHARD H.  
2101 N.W. 2ND AVENUE, SUITE 2  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

EISEN SMITH, JEFFREY

82 Street Address (P.O. Box Number is Not Acceptable)

ONE FINANCIAL PLAZA

83

Suite 1610

84 City

FT LAUDERDALE

FL

85 Zip Code

33394

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

TITLE ☒ DELETE

NAME DP

STREET ADDRESS TAMBER, GERALD T.

CITY-ST-ZIP 11423 WOODCHUCK DR.

TITLE ☒ DELETE

NAME ST

STREET ADDRESS TAMBER, PENNY

CITY-ST-ZIP 11423 WOODCHUCK DR.

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Pres  
GALINKIN, LAWRENCE  
9851 SW 4TH STREET  
PLANTATION, FLORIDA 33324

Sec  
Phyllis J. Galinkin  
9851 SW 4TH STREET  
PLANTATION, FLORIDA 33324

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAWRENCE E. GALINKIN 4/3/99 (561) 499-4904

CR2E034 (11/98)