

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

FILED

Apr 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # J49369 (8)**

1. Corporation Name  
**CUSTOM CITRUS, INC.**

Principal Place of Business <b>8406 MASSACHUSETTS AVE SUITE B-1 NEW PORT RICHEY FL 34653</b>	Mailing Address <b>8406 MASSACHUSETTS AVE SUITE B-1 NEW PORT RICHEY FL 34653-3131</b>
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2. Principal Place of Business 21 <b>7510 Ridge Road</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>7510 Ridge Road</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/30/1986</b>	3a. Date of Last Report <b>04/26/1996</b>
22 City & State 23 <b>Port Richey, FL</b>		27 City & State 28 <b>Port Richey, FL</b>		4. FEI Number <b>59-2765123</b>	Applied For <input type="checkbox"/> Not Applicable
24 Zip <b>34668</b>		29 Country <b>Pasco</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARTIN, DANIEL N.**  
**8406 MASSACHUSETTS AVE**  
**SUITE B-1**  
**NEW PORT RICHEY FL 34653**

10. Name and Address of New Registered Agent

81 Name <b>MARTIN, DANIEL N.</b>	85 Zip Code <b>34668</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7510 Ridge Road</b>	
83	
84 City <b>Port Richey,</b>	<b>FL</b>

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, type 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	PDT <input type="checkbox"/> DELETE	1.1 TITLE	PDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, DANIEL N.</b>	1.2 NAME	<b>MARTIN, DANIEL N.</b>
STREET ADDRESS	<b>8406 MASSACHUSETTS AVE</b>	1.3 STREET ADDRESS	<b>7510 Ridge Road</b>
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>	1.4 CITY - ST - ZIP	<b>Port Richey, FL 34668</b>
TITLE	VO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINIERI, CARL</b>	2.2 NAME	
STREET ADDRESS	<b>29656 U.S. HWY 19 N. SUITE 100</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:

*Daniel N. Martin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL N. MARTIN

4-1-97 813-842-8439

Date

Daytime Phone #

CR2E034 (9/96)