

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

FILED
Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J49369 (8)
 1. Corporation Name
CUSTOM CITRUS, INC.



Principal Place of Business 8406 MASSACHUSETTS AVE SUITE B-1 NEW PORT RICHEY FL 34653	Mailing Address 8406 MASSACHUSETTS AVE SUITE B-1 NEW PORT RICHEY FL 34653-3131
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2. Principal Place of Business 21 7510 Ridge Road Suite, Apt. #, etc.		2a. Mailing Address 26 7510 Ridge Road Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/30/1986	3a. Date of Last Report 04/26/1996
22 City & State 23 Port Richey, FL		27 City & State 28 Port Richey, FL		4. FEI Number 59-2765123	Applied For <input type="checkbox"/> Not Applicable
24 Zip 34668		25 Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 34668		30 Country Pasco		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				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 MARTIN, DANIEL N.				82 Street Address (P.O. Box Number is Not Acceptable) 7510 Ridge Road	
83				84 City Port Richey, FL	
				85 Zip Code 34668	

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 _____ (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 MARTIN, DANIEL N.		1.2 NAME MARTIN, DANIEL N.	
STREET ADDRESS 8406 MASSACHUSETTS AVE		1.3 STREET ADDRESS 7510 Ridge Road	
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY-ST-ZIP Port Richey, FL 34668	
TITLE VO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MINIERI, CARL		2.2 NAME	
STREET ADDRESS 29656 U.S. HWY 19 N. SUITE 100		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		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 as an attachment with an address.

SIGNATURE: *Daniel N. Martin* **DANIEL N. MARTIN** 4-1-97 813-842-8439
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)